



# **Child Care Statewide Administration on Web (CSAW)**

## **User Guide: Program Integrity Enforcement System (PIES)**

**February 2016**

**Division of Early Care and Education**



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# Introduction

The Program Integrity Enforcement System (PIES) automates the client and provider payment adjustment calculations. Previously, the child care payment adjustment calculations were completed manually creating a large workload for local agencies.

PIES is a tool that helps to calculate over and under payments. The system does not change the authorization, payment rate, eligibility, or previously recorded attendance information in the system.

In PIES, you will enter the correct values for parameters to determine whether there is an overpayment or underpayment. Based on these parameters the system will calculate what the issuance should have been and will generate positive or negative adjustment calculations. The worker can review these adjustment calculations.

In PIES, there are two types of Payment Adjustments Requests which are used to make corrections:

- Client Payment Adjustments Requests
  - Allows changing income and Assistance Group (AG) size for a period of time.
  - Allows collecting all payments for an ineligible child for a period of time.
  - Allows changing authorization details for each week within a period of time.
- Provider Payment Adjustments Requests
  - Allows changing provider price for a particular period of time.
  - Allows marking a license/certification as invalid for a period of time so that all payments against that license/certification can be collected.
  - Allows collecting all payments for ineligible children for a period of time.
  - Allows changing authorization and attendance details for each week within a period of time.
- Once all corrections are made for a particular period, the work should change the status of payment adjustment requests to *Complete* so that the nightly batch process will pick up the request for calculation.
- Nightly batch process will process all requests which are in Completed status and create adjustment calculations for a case and/or provider depending on the type of request. The request status will be updated by PIES to Calculated.
- The worker can review the adjustment amounts and take the required action – confirm calculated adjustments, manually enter a positive or negative adjustment for a provider in CSAW or enter a claim against a client in the benefit recovery subsystem.



# Accessing PIES – Payment Adjustment Management

On the **CSAW** home page; click on the **PIES – Payment Adjustment Management** link or on the specific **Client** or **Provider** links below the **PIES – Payment Adjustment Management** heading.

The screenshot shows the CSAW Home page. At the top is the header with the CSAW logo and the text "Child Care Statewide Administration on the Web". Below the header is a navigation menu with links: Provider Management, Authorization Management, Issuance Management, PIES - Payment Adjustment Management (highlighted with a red circle and a red arrow), Report Management, Announcements, and Administration. Below the navigation menu is the "CSAW Home" section. It contains several sub-sections: "Welcome to CSAW!", "Provider Management" (with links: New Provider, Existing Provider, Union Member List), "Authorization Management" (with links: New Authorization, Existing Authorization For Case, Existing Authorization For Provider, End/Delete authorizations, School bank hours, Education Tracking, Case Activity Summary), "Issuance Management" (with links: Case Search, Provider Search), "Union Dues" (with links: Union Dues Remittances, Unremitted Union Dues), "PIES - Payment Adjustment Management" (highlighted with a red circle and a red arrow, containing links: Client Payment Adjustment Requests, Client Payment Adjustments, Provider Payment Adjustment Requests, Provider Payment Adjustments), and "CLIC Discrepancy Management" (with links: CLIC Data Review, Name Discrepancies, Location Discrepancies, Duplicate Providers, Other Discrepancies).

**CSAW Home**

**Welcome to CSAW!**

**Provider Management**

- [New Provider](#) - Create a new provider
- [Existing Provider](#) - Work with an existing provider
- [Union Member List](#) - Show provider union membership details

**Authorization Management**

- [New Authorization](#) - Create a new authorization
- [Existing Authorization For Case](#) - Work with an existing authorization for a case
- [Existing Authorization For Provider](#) - Work with an existing authorization for a provider location
- [End/Delete authorizations](#) - End/Delete authorizations for a case
- [School bank hours](#) - Setup school age child and view details of School bank hours.
- [Education Tracking](#) - Track parent education in a Child Care case.
- [Case Activity Summary](#) - Case Activity Summary.

**Issuance Management**

- [Case Search](#) - Search for issuance by case
- [Provider Search](#) - Search for issuance by provider

**Union Dues**

- [Union Dues Remittances](#) - List of union dues remittances
- [Unremitted Union Dues](#) - List of unremitted union dues

**PIES - Payment Adjustment Management**

- [Client Payment Adjustment Requests](#) - Manage client payment adjustment requests.
- [Client Payment Adjustments](#) - View/Confirm client payment adjustments.
- [Provider Payment Adjustment Requests](#) - Manage provider payment adjustment requests.
- [Provider Payment Adjustments](#) - View/Confirm provider payment adjustments.

**CLIC Discrepancy Management**

- [CLIC Data Review](#) - Review CLIC Data
- [Name Discrepancies](#) - View name discrepancies that occurred during the CLIC transfer process.
- [Location Discrepancies](#) - View location-level discrepancies that occurred during the CLIC transfer process.
- [Duplicate Providers](#) - View Duplicate Provider discrepancies that occurred during the CLIC transfer process.
- [Other Discrepancies](#) - View Other Provider discrepancies that occurred during the CLIC transfer process.

# Client Related Adjustments

For client related adjustments, click on Client Payment Adjustments Requests link.



Search for a case by using the Case Number, SSN or PIN. There are no required entries on this page, so you may search using the details that are available.

A screenshot of the CSAW Search page. The header is identical to the previous screenshot. The main content area is titled "Search". Below the title, there is a "Search for Case" section. Under "Search Criteria", there are radio buttons for "Name search method" with options "Start With" (selected), "Sounds Like", and "Exact". Below this, there are input fields for "Case Number" (containing "8700535788"), "First Name", "Last Name", "SSN", and "PIN". The "Case Number" field is circled in red. At the bottom right, there is a "Search >" button, which is also pointed to by a red arrow.

The **List of Client Payment Adjustments Requests** page shows the case details as well as all client payment adjustment requests for the client (if any).

To start a new adjustment request, click on the **New Client Payment Adjustment Request**.

Provider Management | Authorization Management | Issuance Management | PIES - Payment Adjustment Management | Report Management | Announcements | Administration

Adjustments Menu

- Home
- Adjustment - Client
  - Search by Case
  - New Request
  - Requests List
  - Complete Request
  - Correction - FPL
  - Correction - Eligibility
  - Correction - Auth and Attd
  - Cases with Adjustments
  - Adjustments
  - Issuance History
  - List Authorizations

List of Client Payment Adjustment Requests

Case Details

Case # 8700535788 Agency Milwaukee County

Primary Person Anne Atom

List of Client Payment Adjustment Requests Details

There are no Client Payment Adjustment Requests for this Case.

[New Client Payment Adjustment Request](#)

The **New Client Payment Adjustment Request** page shows the “First Paid Attendance” and the “Last Paid Attendance” listed on the page. Payment Adjustments can only be made between (and including) these dates.

Provider Management | Authorization Management | Issuance Management | PIES - Payment Adjustment Management | Report Management | Announcements | Administration

Adjustments Menu

- Home
- Adjustment - Client
  - Search by Case
  - New Request
  - Requests List
  - Complete Request
  - Correction - FPL
  - Correction - Eligibility
  - Correction - Auth and Attd
  - Cases with Adjustments
  - Adjustments
  - Issuance History
  - List Authorizations
- Adjustment - Provider
  - Search by Provider
  - New Request
  - Requests List
  - Complete Request
  - Correction - Rate
  - Correction - Category
  - Correction - Auth And Attd
  - Correction - Eligibility
  - Locations with Uncont Adj
  - Adjustments

New Client Payment Adjustment Request

Case Details

Case # 8700535788 Agency Milwaukee County

Primary Person Anne Atom

Request Details

Adjustment Begin Date \* [ ] (04/08/2012 - First Paid Attendance)

Adjustment End Date \* [ ] (09/01/2012 - Last Paid Attendance)

Reason Code \* [ ]

Adjustment Category \* [ ]

Comments

0 of 300 characters.

Correction Type \*

- ☐ Case Details (Income/AG size)
- ☒ Eligibility (Individual/Group)
- ☐ Authorization

Create New Request >

Prior to calculating a client overpayment, you will need to know if the overpayment was due to incorrect reporting of income, AG size, eligibility details, or authorization.

## Client Overpayment When a Child Was Not Eligible

In the example below, the client failed to timely report the child was out of the home and therefore was not eligible for child care during this period.

**STEP 1** – Enter the following information on the **New Client Payment Adjustment Request** screen.

**1. Adjustment Time Frame**

- Adjustment Begin Date – the Sunday of the first attendance week when the child was not eligible for child care.
- Adjustment End Date – the Saturday of the last attendance week when the child was not eligible for child care.

**2. Reason Code** – select the reason for which the child was marked not eligible during the period.

**3. Adjustment Category** – indicates whether the overpayment is the result of an agency error, client error or an intentional violation.

- Agency Error
- Client Error
- Intentional Program Violation

**4. Comments** – Describe the situation that resulted in the payment adjustment.

**5. Correction Type** – Select the radio button that best fits the situation. In this example it is **Eligibility (Individual/Group)**.

**6. Select Create New Request.**

The screenshot shows the 'New Client Payment Adjustment Request' form. It includes sections for Case Details (Case # 8700535788, Agency Milwaukee County, Primary Person Anne Atom) and Request Details. The Request Details section contains fields for Adjustment Begin Date (6/17/2012), Adjustment End Date (9/1/2012), Reason Code (Failure To Report Change/Submit Documentation), Adjustment Category (Client Error), and Comments (The client failed to report that the child was placed out of the home in a timely manner. The client was not eligible for the CC benefit for the child during this period.). There are also radio buttons for Correction Type (Case Details (Income/AG size), Eligibility (Individual/Group), Authorization). A 'Create New Request >' button is at the bottom. Numbered steps 1 through 6 are overlaid on the form: 1 points to Adjustment Begin Date, 2 points to Adjustment End Date, 3 points to Adjustment Category, 4 points to Comments, 5 points to Correction Type, and 6 points to the Create New Request button.

**Eligibility (Individual/Group)** – In this example we have selected “Eligibility” as the correction type. This page lists all children on the case during the payment adjustment period for whom a payment had been made.

## STEP 2

1. Check the box for the child or children not eligible during this period.
2. Select Submit.

**Eligibility (Individual/Group)**

Eligibility (Individual/Group)		
<b>Case Details</b>		
<b>Case #</b>	8700535788	<b>Agency</b> Milwaukee County
<b>Primary Person</b>	Anne Atom	
<b>Request Details</b>		
<b>Request ID</b>	C0005	<b>Correction Type</b> Eligibility (Individual/Group)
<b>Adjustment Begin Date</b>	06/17/2012	<b>Adjustment End Date</b> 09/01/2012
		<b>Request Status</b> In Progress
<b>Children with paid attendances during the period</b>		
Child's Name	DOB	Not Eligible
Amy Atom	01/01/05	<input type="checkbox"/>
Adam Atom	01/01/09	<input checked="" type="checkbox"/>

1 →

2 → [Submit >](#)

**STEP 3** – Change the adjustment request on the **List of Client Payment Adjustment Requests** screen. The current status is In Progress and needs to be changed to Complete by selecting the edit icon (pencil).

**List of Client Payment Adjustment Requests**

List of Client Payment Adjustment Requests						
<b>Case Details</b>						
<b>Case #</b>		8700535788		<b>Agency</b> Milwaukee County		
<b>Primary Person</b>		Anne Atom				
<b>List of Client Payment Adjustment Requests Details</b>						
Request ID/ Comments	Adjustment Begin Date	Adjustment End Date	Correction Type	Status		Last Updated Date
C0007 The client failed to report that the child was placed out of the home in a timely manner. The client was not eligible for the CC benefit for the child during this period.	06/17/12	09/01/12	Eligibility (Individual/Group)	In Progress	<a href="#">Continue</a> <a href="#">Correction</a>	07/09/13

[New Client Payment Adjustment Request](#)

## Mark as Completed for Overnight Processing

### STEP 4

1. Change the Request Status to Completed.
2. Select Modify to submit the status change.

**Complete Request for Client**

**Case Details**

Case # 8700535788 Agency Milwaukee County  
Primary Person Anne Atom

**Request Details**

Request ID C0007 Correction Type Eligibility (Individual/Group)  
Adjustment Begin Date 06/17/2012 Adjustment End Date 09/01/2012  
Request Status In Progress

**Complete Request for Client**

Adjustment Begin Date \* 6/17/2012 (04/08/2012 - First Paid Attendance)  
Adjustment End Date \* 9/1/2012 (09/01/2012 - Last Paid Attendance)  
Reason Code \* Failure To Report Change/Submit Documentation  
Adjustment Category \* Client Error

Comments  
The client failed to report that the child was placed out of the home in a timely manner. The client was not eligible for the CC benefit for the child during this period.  
172 of 300 characters.

Request Status \* In Progress

Click [here](#) to see correction details 1 → **Completed**

Updated Information

Updated Date  
Worker ID  
Worker Name

Modify > 2

### STEP 5 – The completed request will process overnight.

**List of Client Payment Adjustment Requests**

**Case Details**

Case # 8700535788 Agency Milwaukee County  
Primary Person Anne Atom

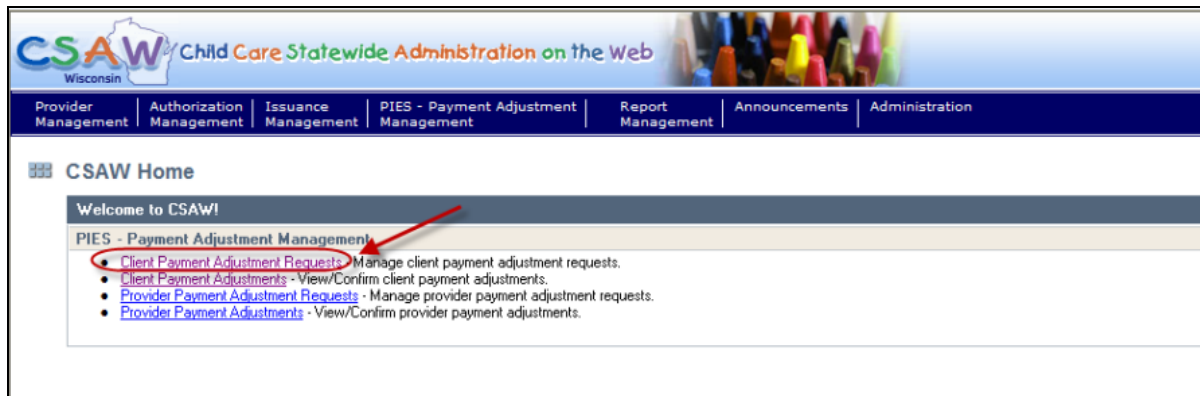
**List of Client Payment Adjustment Requests Details**

Request ID/ Comments	Adjustment Begin Date	Adjustment End Date	Correction Type	Status	Last Updated Date
C0007 The client failed to report that the child was placed out of the home in a timely manner. The client was not eligible for the CC benefit for the child during this period.	06/17/12	09/01/12	Eligibility (Individual/Group)	<b>Completed</b> <a href="#">Continue</a> <a href="#">Correction</a>	07/09/13

[New Client Payment Adjustment Request](#)

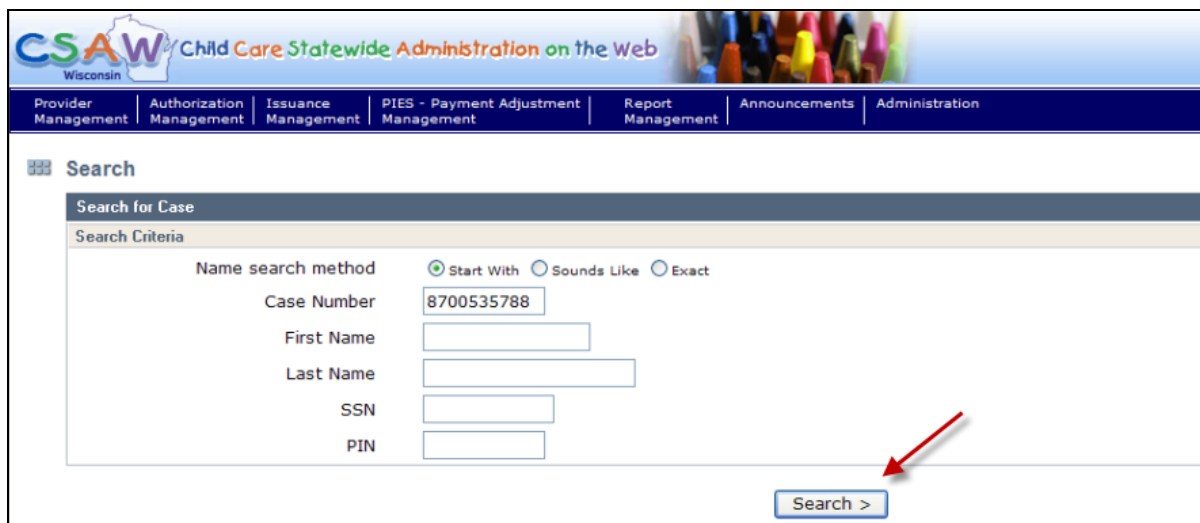
## The Next Day: What to Process

**STEP 6** – The next day, select the **Client Payment Adjustment Requests** link.



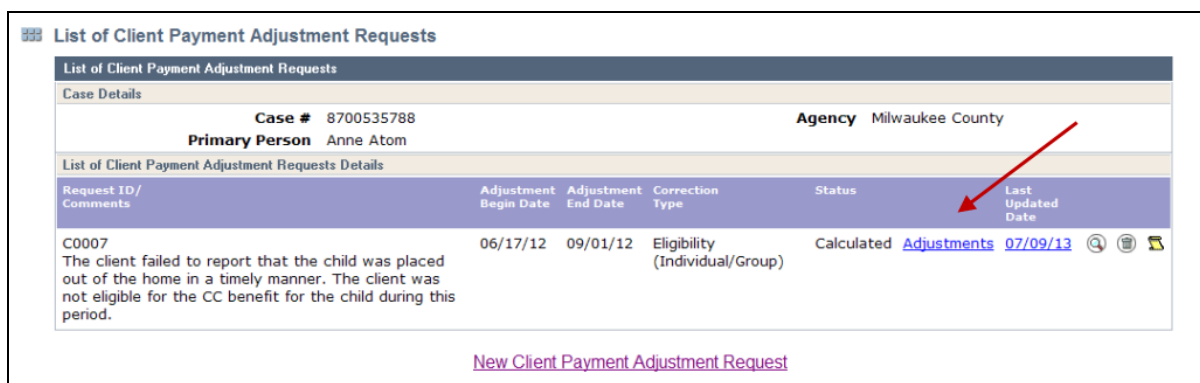
The screenshot shows the CSAW Home page. The navigation bar includes links for Provider Management, Authorization Management, Issuance Management, PIES - Payment Adjustment Management, Report Management, Announcements, and Administration. The main content area is titled 'CSAW Home' and 'Welcome to CSAW!'. Under the 'PIES - Payment Adjustment Management' section, there are four links: 'Client Payment Adjustment Requests' (highlighted with a red circle and arrow), 'Client Payment Adjustments', 'Provider Payment Adjustment Requests', and 'Provider Payment Adjustments'.

**STEP 7** – Search by Case, SSN, or PIN number and select Search'.



The screenshot shows the CSAW Search page. The search criteria section includes fields for Case Number (8700535788), First Name, Last Name, SSN, and PIN. The 'Name search method' section has three radio buttons: 'Start With' (selected), 'Sounds Like', and 'Exact'. A red arrow points to the 'Search >' button at the bottom right.

**STEP 8** – View the calculated adjustments by clicking on Adjustments.



The screenshot shows the 'List of Client Payment Adjustment Requests' page. It displays case details for Case # 8700535788, Agency Milwaukee County, and Primary Person Anne Atom. Below this is a table titled 'List of Client Payment Adjustment Requests Details'.

Request ID/ Comments	Adjustment Begin Date	Adjustment End Date	Correction Type	Status	Last Updated Date
C0007 The client failed to report that the child was placed out of the home in a timely manner. The client was not eligible for the CC benefit for the child during this period.	06/17/12	09/01/12	Eligibility (Individual/Group)	Calculated	<a href="#">Adjustments</a> 07/09/13

A red arrow points to the 'Adjustments' link in the 'Status' column. At the bottom of the page, there is a link for 'New Client Payment Adjustment Request'.

The **Client Payment Adjustment for a Request** page will show the weeks for which an overpayment was calculated. The system shows the Issued Net Amount (original amount paid), the New Net Amount (the correct amount that should have been paid), and the Adjustment Amount (the overpayment for each week of attendance).

## STEP 9

1. Establish the Total Adjustment Amount as an overpayment claim on the Benefit Recovery Claim (BVCL) screen and
2. Click on the Excel icon to download the adjustments into a spreadsheet. Send the spreadsheet to the client to show how the overpayment was calculated.

**Client Payment Adjustments for a Request**

**Case Details**

Case # 8700535788 Agency Milwaukee County


Primary Person Anne Atom

**Request Details**

Request ID C0007 Correction Type Eligibility (Individual/Group)

Adjustment Begin Date 06/17/2012 Adjustment End Date 09/01/2012

Request Status Calculated

Excel  Click the Excel icon above to download the data in Excel format.

Client Payment Adjustments for a Request (Total Adjustment Amount: **(\$641.84)**)

Provider #	Locn #	Child's Name	Attd Begin Date	Issued Gross Amount	Issued YoungStar Amount	Issued Net Amount	New Gross Amount	New YoungStar Amount	New Net Amount	Adjustment Amount	Delete
8800039458	001	Adam Atom	06/24/12	\$194.55	\$19.45	\$214.00	\$0.00	\$0.00	\$0.00	(\$214.00)	<input type="checkbox"/>
8800039458	001	Adam Atom	07/01/12	\$194.55	\$19.45	\$214.00	\$0.00	\$0.00	\$0.00	(\$214.00)	<input type="checkbox"/>
8800039458	001	Adam Atom	08/26/12	\$194.40	\$19.44	\$213.84	\$0.00	\$0.00	\$0.00	(\$213.84)	<input type="checkbox"/>

Delete >

Adjustment Amounts in parentheses indicate a negative amount and those not in parentheses are a positive amount.

In this example, the three weeks of adjustments resulted in the following negative amounts: \$214.00, \$214.00, and \$213.84 for a total overpayment of \$641.84. Enter this amount in the BV system as an overpayment claim against the client.



Adjustment amount details can be viewed by selecting an Adjustment Amount.

**Client Payment Adjustments for a Request**

Client Payment Adjustments for a Request											
<b>Case Details</b>											
<b>Case #</b> 8700535788				<b>Agency</b> Milwaukee County							
<b>Primary Person</b> Anne Atom											
<b>Request Details</b>											
<b>Request ID</b> C0007				<b>Correction Type</b> Eligibility (Individual/Group)							
<b>Adjustment Begin Date</b> 06/17/2012				<b>Adjustment End Date</b> 09/01/2012				<b>Request Status</b> Calculated			
<b>Excel</b>											
 Click the Excel icon above to download the data in Excel format.											
Client Payment Adjustments for a Request (Total Adjustment Amount: [\$641.84])											
Provider #	Locn #	Child's Name	Attd Begin Date	Issued Gross Amount	Issued YoungStar Amount	Issued Net Amount	New Gross Amount	New YoungStar Amount	New Net Amount	Adjustment Amount	Delete
8800039458	001	Adam Atom	06/24/12	\$194.55	\$19.45	\$214.00	\$0.00	\$0.00	\$0.00	(\$214.00)	<input type="checkbox"/>
8800039458	001	Adam Atom	07/01/12	\$194.55	\$19.45	\$214.00	\$0.00	\$0.00	\$0.00	(\$214.00)	<input type="checkbox"/>
8800039458	001	Adam Atom	08/26/12	\$194.40	\$19.44	\$213.84	\$0.00	\$0.00	\$0.00	(\$213.84)	<input type="checkbox"/>
Delete >											

Below is an example of these details for the Adjustment Amount of \$214.00 for the week of 7/1/2012. In this example, it shows that the child was not eligible for child care; therefore, all the information except for the previous Net Amount has determined to be Not Applicable (N/A).

**Adjustment Calculation Details**

Adjustment Calculation Details			
<b>Case Details</b>			
<b>Case #</b> 8700535788		<b>Agency</b> Milwaukee County	
<b>Primary Person</b> Anne Atom			
<b>Location Details</b>			
<b>Provider #</b> 8800039458		<b>Location #</b> 001	
<b>Provider Name</b> Patty Cake Day Care		<b>Location Name</b> Patty Cake 1	
<b>Phone #</b> (608) 231-2632		<b>Address</b> 123 Main St Anytown WI 45454	
<b>Authorization Details</b>			
<b>Pin #</b> 8101297634		<b>Child's Name</b> Adam Atom	
<b>DOB</b> 01/01/2009		<b>Authorization Type</b> Enrollment	
<b>Authorization #</b> 1800297121		<b>Attendance Week</b> 07/01/2012	
<b>Authorization Rate Type</b> Regular		<b>Category Code</b> Licensed Group	
<b>Special Needs Indicator</b> No			
<b>Adjustment Calculation Details</b>			
	Details	Previous	New
	Income	N/A	N/A
	AG size	N/A	N/A
	Provider Price	N/A	N/A
	Accredited	N/A	N/A
	Authorization Rate	N/A	N/A
	Authorization Hours	N/A	N/A
	Regular Attendance Hours	N/A	N/A
	School Attendance Hours	N/A	N/A
	Override Status	N/A	N/A
	Gross Amount	\$194.55	\$0.00
	Star Level	N/A	N/A
	Percentage Applied	N/A	N/A
	YoungStar Amount	\$19.45	\$0.00
	Net Amount	\$214.00	\$0.00
<b>List of Payment Adjustment Requests Considered</b>			
Request ID	Adjustment Begin Date	Adjustment End Date	Correction Type
C0005	06/17/12	09/01/12	Eligibility (Individual/Group)
			<a href="#">View Details</a>

# YoungStar

The PIES calculation columns in the client and provider payment adjustment screens capture YoungStar amounts in the PIES calculation. **The List of Adjustments for Case** page and the **Provider Payment Adjustments** page have been updated on both the parent and provider adjustment screens:

The following column headers have been **re-named**:

- **Issued YoungStar Amount:** the total amount of YoungStar adjustment for this payment.
- **Issued Net Amount:** the full reimbursement amount that was paid, including the YoungStar amount.
- **New Gross Amount:** the corrected Issued Gross Amount before the YoungStar adjustment is applied.
- **New YoungStar Amount:** the corrected YoungStar adjustment.

List of Adjustments For Case

Search for Adjustments

Case Details

Case #

Agency

Primary Person

Search Criteria

Adjustment Status

☐ Unconfirmed
 ☐ Confirmed
 ☒ All

Attendance Begin Date \*

Attendance End Date \*

Search >

Search Results

Provider #	Locn #	Child's Name	Attd Begin Date	Issued Gross Amount	Issued YoungStar Amount	Issued Net Amount	New Gross Amount	New YoungStar Amount	New Net Amount	Adjustment Amount
8800039458	001	Baby	10/28/12	\$93.50	\$23.37	\$116.87	\$93.50	\$23.37	\$116.87	<u>\$0.00</u>
8800039458	001	Baby	11/04/12	\$93.50	\$23.37	\$116.87	\$63.75	\$15.93	\$79.68	<u>(\$37.19)</u>
8800039458	001	Baby	11/11/12	\$127.50	\$31.87	\$159.37	\$60.00	\$15.00	\$75.00	<u>(\$84.37)</u>

## ***Client Overpayment When Income Was Reported Incorrectly***

Refer to **Client Related Adjustments** section to enter into PIES to search for a case and enter the Client Payment Adjustment.

**This functionality does not work for client overpayments where the “Other” rate type is used. In this situation, you will have to manually calculate the overpayment.**

In the example below, the primary person reports a monthly income of \$344.00. During a review, the worker discovers that she failed to report she was also receiving tips and her estranged husband re-entered the household. Their combine income was actually \$3,361 per month.

**STEP 1** – Enter the following information on the **New Client Payment Adjustment Request** screen.

**1. Adjustment Time Frame**

- Adjustment Begin Date – the Sunday of the first attendance week when the child was not eligible for child care.
- Adjustment End Date – the Saturday of the last attendance week when the child was not eligible for child care.

**2. Reason Code** – select the reason for which the child was marked not eligible during the period.

**3. Adjustment Category** – indicates who is responsible for the overpayment.

- Agency Error
- Client Error
- Intentional Program Violation

**4. Comments** – the worker enters why the payment adjustment is being made.

**5. Correction Type** – indicates the type of error that occurred. In this example it is **Case Details (Income/AG size)**.

**6. Select Create New Request.**

**New Client Payment Adjustment Request**

**Case Details**

Case # 5700547856 Agency Dane County

Primary Person Mom Test

**Request Details**

1 → Adjustment Begin Date \* 11/25/2012 (11/25/2012 - First Paid Attendance)

2 → Adjustment End Date \* 12/8/2012 (06/22/2013 - Last Paid Attendance)

3 → Reason Code \* Failure To Report Change/Submit Documentation

4 → Adjustment Category \* Intentional Program Violation

5 → Comments  
The client intentionally concealed her extra income (tips) in attempts to avoid paying a higher copay.  
102 of 300 characters.

6 → Correction Type \*  
☒ Case Details (Income/AG size)  
☐ Eligibility (Individual/Group)  
☐ Authorization

6 → Create New Request >

**STEP 2** – Enter the necessary information on the **Case Details** screen.

1. **AG Monthly Income** – enter in the correct monthly income.
2. **AG Size** – enter in the correct AG size.
3. **Complete the Request** – check the box to complete the request. The overpayment will not be calculated if the request is not checked as completed.
4. **Select** the Add button to submit the corrected information.

**Case Details**

Case # 5700547856 Agency Dane County

Primary Person Mom Test

**Request Details**

Request ID C0001 Correction Type Case Details (Income/Ag Size)

Adjustment Begin Date 11/25/2012 Adjustment End Date 12/08/2012

Request Status In Progress

**Add Details**

1 → AG Monthly Income \* 3361

2 → AG Size \* 4

3 → Complete the Request? ☒

4 → Add >

This brings the worker to the **List of Client Payment Adjustment Requests** page which shows the adjustments just entered.

If completed correctly, the status will show **Completed**. If the status shows **In Progress** refer to **Mark as Completed and Prep for Overnight Processing** steps on page 9.

**STEP 3** – The completed request will process overnight.

## Adjustment Calculations

### **STEP 4** – View the Calculations.

1. Enter PIES the next day and select **Client Payment Adjustment Request**.
2. Search by Case, SSN, PIN number associated with the client.
3. View the Calculated Adjustments by clicking on the Adjustments links.

\*Refer to **The Next Day: What to Process Next** on page 10.

### **STEP 5**

1. Establish the Total Adjustment Amount as an overpayment claim on the Benefit Recovery Claim (BVCL) screen and
2. Click on the Excel icon to download the adjustments into a spreadsheet. Send the spreadsheet to the client to show how the overpayment was calculated.

In this example, both weeks resulted in negative amounts of \$76.25 for a total overpayment of \$152.50.

**Client Payment Adjustments for a Request**

Client Payment Adjustments for a Request

Case Details

Case # 5700547856 Agency Dane County

Primary Person Mom Test

Request Details

Request ID C0011 Correction Type Case Details (Income/Ag Size)

Adjustment Begin Date 11/25/2012 Adjustment End Date 12/08/2012

Request Status Calculated

Excel

Click the Excel icon above to download the data in Excel format.

Client Payment Adjustments for a Request (Total Adjustment Amount: {\$152.50})

Provider #	Locn #	Child's Name	Attd Begin Date	Issued Gross Amount	Issued YoungStar Amount	Issued Net Amount	New Gross Amount	New YoungStar Amount	New Net Amount	Adjustment Amount	Delete
8800039458	001	Kid Test	11/25/12	\$226.00	\$56.50	\$282.50	\$165.00	\$41.25	\$206.25	(\$76.25)	<input type="checkbox"/>
8800039458	001	Kid Test	12/02/12	\$226.00	\$56.50	\$282.50	\$165.00	\$41.25	\$206.25	(\$76.25)	<input type="checkbox"/>

Delete >


Adjustment Amounts in parentheses indicate a negative amount and those not in parentheses indicate a positive amount.

Select the Adjustment Amount for further details on the calculation.

**Client Payment Adjustments for a Request**

**Case Details**  
**Case #** 5700547856 **Agency** Dane County  
**Primary Person** Mom Test

**Request Details**  
**Request ID** C0011 **Correction Type** Case Details (Income/Ag Size)  
**Adjustment Begin Date** 11/25/2012 **Adjustment End Date** 12/08/2012  
**Request Status** Calculated

Excel 

Click the Excel icon above to download the data in Excel format.

Client Payment Adjustments for a Request (Total Adjustment Amount: [\$152.50])

Provider	Locn #	Child's Name	Attd Begin Date	Issued Gross Amount	Issued YoungStar Amount	Issued Net Amount	New Gross Amount	New YoungStar Amount	New Net Amount	Adjustment Amount	Delete
8800039458	001	Kid Test	11/25/12	\$226.00	\$56.50	\$282.50	\$165.00	\$41.25	\$206.25	(\$76.25)	<input type="checkbox"/>
8800039458	001	Kid Test	12/02/12	\$226.00	\$56.50	\$282.50	\$165.00	\$41.25	\$206.25	(\$76.25)	<input type="checkbox"/>

Delete >

In this example, Column #1 shows the Previous Issuance Amount Details where income was \$344.00 and the Assistance Group (AG) size was 3.

Column #2 shows the New Issuance Amount Details where the income was changed to \$3,361.00 and Assistance Group (AG) was change to 4.

**Adjustment Calculation Details**

**Case Details**  
**Case #** 5700547856 **Agency** Dane County  
**Primary Person** Mom Test

**Location Details**  
**Provider #** 8800039458 **Location #** 001  
**Provider Name** Patty Cake Day Care **Location Name** Patty Cake 1  
**Phone #** (608) 231-2632 **Address** 123 Main St Anytown WI 45454

**Authorization Details**  
**Pin #** 5101319350 **Child's Name** Kid Test  
**DOB** 04/03/2012 **Authorization Type** Enrollment  
**Authorization #** 6800297166 **Attendance Week** 11/25/2012  
**Authorization Rate Type** Regular **Category Code** Licensed Group  
**Special Needs Indicator** No

**Adjustment Calculation Details**

	Column #1	Column #2
<b>Income</b>	\$344.00	\$3,361.00
<b>AG size</b>	3	4
<b>Provider Price</b>	\$300.00	\$300.00
<b>Accredited</b>	No	No
<b>Authorization Rate</b>	\$226.00	\$165.00
<b>Authorization Hours</b>	40	40
<b>Regular Attendance Hours</b>	40	40
<b>School Attendance Hours</b>	0	0
<b>Override Status</b>	No	No
<b>Gross Amount</b>	\$226.00	\$165.00
<b>Star Level</b>	5 Stars	5 Stars
<b>Percentage Applied</b>	25%	25%
<b>YoungStar Amount</b>	\$56.50	\$41.25
<b>Net Amount</b>	\$282.50	\$206.25

**List of Payment Adjustment Requests Considered**

Request ID	Adjustment Begin Date	Adjustment End Date	Correction Type
C0001	11/25/12	12/08/12	Case Details (Income/Ag Size) <a href="#">View Details</a>

< Back

This screen also shows how the Adjustment Amount of \$76.25 was calculated, which is the Previous Net Amount of \$282.50 subtracted by the New Net Amount of \$206.25.

## Client Overpayment for Over-Authorized Hours

Refer to **Client Related Adjustments** section to enter into PIES to search for a case and enter the Client payment Adjustment.

In the example below at the time of authorization, the parent reported having a varied schedule of approximately 10-15 hours per week including travel time. The agency created two attendance based authorizations for 20 hours. In addition, the client was misinformed by the agency to utilize the authorization or the hours may be reduced.

**List of Authorizations for a Case** [Printable](#)

List of Authorizations for a Case

Authorization Period

Begin Date \*    
When you enter the Begin Date only, authorizations with an End Date that is greater than the Begin Date will be displayed.

End Date    
When you enter both a Begin and End Date, authorizations that span any part of the time period entered will display.

Include deleted authorizations ☐

Case Details

Case Number	1700470019	Agency	13
AG Status	Open	Primary Person	Chevy Silverado
Auth Worker ID	XCTR34	Review Date	10/31/2013
		SMRF Date	4/30/2013

List of Authorizations for the Case as of 12/09/12

Child's Name	DOB	CATG	COPAY TYPE	AUTH TYPE	RATE TYPE	BEGIN DATE	END DATE	HRS	REL	SPL IND	TRM
<b>Provider # / Name:</b> 8800039458 - Patty Cake Day Care <b>Location # / Name:</b> 001 - Patty Cake 1 <b>Phone #:</b> (608) 231-2632											
<a href="#">Sten Silverado</a>	01/24/08	LGRP	REG	A	R	01/27/13	04/27/13	35	N	N	
<a href="#">Sten Silverado</a>	01/24/08	LGRP	REG	E	R	02/03/13	03/09/13	35	N	N	
<a href="#">Sten Silverado</a>	01/24/08	LGRP	REG	A	R	11/18/12	01/26/13	20	N	N	
<a href="#">Sten Silverado</a>	01/24/08	LGRP	REG	A	O	11/18/12	01/26/13	20	N	N	

[New Authorization](#)

\* Indicates the authorization is in pending status. If not confirmed by end of the day, authorizations will be deleted. Click [here](#) to go to confirmation page.

**STEP 1** – Enter the following information on the **New Client Payment Adjustment Request** screen.

### 1. Adjustment Time Frame

- Adjustment Begin Date – the Sunday of the first attendance week when the decrease was not reported.
- Adjustment End Date – the Saturday of the last attendance week when the decrease was not reported.

### 2. Reason Code – select the reason for which the child was marked not eligible during the period.

3. **Adjustment Category** – indicates who is responsible for the overpayment.
  - Agency Error
  - Client Error
  - Intentional Program Violation
4. **Comments** – the worker enters why the payment adjustment is being made.
5. **Correction Type** – indicates the type of error that occurred. In this example, it is **Authorization**.
6. **Select Create New Request.**

The screenshot shows a web form titled "New Client Payment Adjustment Request". The form is divided into sections: "Case Details" and "Request Details".

**Case Details:**

- Case #: 1700470019
- Agency: Dane County
- Primary Person: Chevy Silverado

**Request Details:**

- 1. Adjustment Begin Date: 12/2/2012 (01/08/2012 - First Paid Attendance)
- 2. Adjustment End Date: 12/8/2012 (03/30/2013 - Last Paid Attendance)
- 3. Reason Code: Authorization Processing/Determination Error
- 4. Adjustment Category: Agency Error
- 5. Comments: The agency inaccurately calculated the amount of the authorized hours for the child during the client's review. It should have been less. (140 of 300 characters)
- 6. Correction Type: Authorization (selected from radio buttons: Case Details (Income/AG size), Eligibility (Individual/Group), Authorization)

At the bottom, there is a button labeled "Create New Request >" with a callout 6 pointing to it.

**STEP 2** – Select child's name whose authorization needs to be adjusted. Each child must be selected individually to change the authorization.

In this example, there is only one child with two authorizations. Click on the child's name for each authorization to correct.

**Note:** The system will not allow you to use 0 hours for one authorization and 15 hours for the other; therefore, split the correct authorization hours between the two adjustments.



**List of Authorizations for a Case**

List of Authorizations for a Case											
<b>Case Details</b>											
<b>Case Number</b>	1700470019					<b>Agency</b>	13				
<b>AG Status</b>	Open					<b>Primary Person</b>	Chevy Silverado				
<b>Auth Worker ID</b>	XCTR34					<b>Review Date</b>	4/30/2014				
						<b>SMRF Date</b>	10/31/2013				
<b>Request Details</b>											
<b>Request ID</b>	C0010					<b>Correction Type</b>	Authorization				
<b>Adjustment Begin Date</b>	12/02/2012					<b>Adjustment End Date</b>	12/08/2012				
						<b>Request Status</b>	In Progress				
<b>Authorization Details</b>											
<b>Child's Name</b>	<b>DOB</b>	<b>Auth #</b>	<b>Begin Date</b>	<b>End Date</b>	<b>Category</b>	<b>Copay Type</b>	<b>Auth Type</b>	<b>Rate Type</b>	<b>Hours</b>	<b>Spl Ind</b>	
<b>Authorization #1</b>											
Provider # / Name: 8800039458 - Patty Cake Day Care											
Location # / Name: 001 - Patty Cake 1											
Sten Silverado	01/24/08	8800297158	11/18/12	01/26/13	LGRP	REG	A	R	20	N	
<b>Rate Details</b>											
	<b>Rate Begin Dt</b>	<b>Rate End Dt</b>	<b>Rate</b>								
	01/06/13	01/26/13	\$5.35								
	12/09/12	01/05/13	\$4.45								
	11/18/12	12/08/12	\$5.65								
Sten Silverado	01/24/08	7800297147	11/18/12	01/26/13	LGRP	REG	A	O	20	N	
<b>Rate Details</b>											
	<b>Rate Begin Dt</b>	<b>Rate End Dt</b>	<b>Rate</b>								
	11/18/12	01/26/13	\$5.65								
<a href="#">&lt; Back</a>											

**STEP 3** – On the **Correct Authorization/Attendance Details for Case Payment Adjustment** screen.

1. If the new authorized hours are the same for all weeks within the range, enter the hours and check the box. This will adjust the Authorization Hours for all the weeks associated with the overpayment timeframe. **OR**
2. Enter the correct number of weekly authorized hours for the child individually by week.
3. If the new copay type is the same for all the weeks within the range, enter the copay type and check the box. **OR**
4. Enter the corrected copay type for the child individually by week.
5. **PIES will not allow you to alter** Authorized Payment Amount, Regular Attendance Hours, or Attendance Override. These are all displayed as read-only for a Client Overpayment.
6. School Closed Hours can only be altered in scenarios that have a school aged child that has the ability to have school closed hours. In this example, it would not be used.
7. Select Submit.

**Correct Authorization/Attendance Details for Case Payment Adjustment**

Correct Authorization/Attendance Details for Case Payment Adjustment											
<b>Case Details</b>											
Case Number 1700470019						Agency 13					
AG Status Open						Primary Person Chevy Silverado					
Auth Worker ID XCTR34						Review Date 4/30/2014					
						SMRF Date 10/31/2013					
<b>Request Details</b>											
Request ID C0010						Correction Type Authorization					
Adjustment Begin Date 12/02/2012						Adjustment End Date 12/08/2012					
						Request Status In Progress					
<b>Authorization Details</b>											
Child's Name	DOB	Auth #	Begin Date	End Date	Category	Copay Type	Auth Type	Rate Type	Hours	Spl Ind	
<b>Provider # / Name:</b> 8800039458 - Patty Cake Day Care <b>Location # / Name:</b> 001 - Patty Cake 1											
Sten Silverado	01/24/08	8800297158	11/18/12	01/26/13	LGRP	REG	A	R	5	20	N
<b>Authorization and Attendance Details</b>											
Attendance Week	Auth Hrs	Copay Type	Auth Pymt Amt	Reg Attd Hrs	Sch Cls Hrs	Attd Override					
12/02/12	7 (20)	Reg (Reg)	(\$5.65)	23 (23)	0 (0)	<input checked="" type="checkbox"/> (Yes)					
* Indicates that details have been modified from what was used during issuance. Values in parenthesis are the old values.											
<input type="button" value="Submit"/>											

**STEP 4** – Correct the 2nd authorization, so together the authorized hours reflect the actual hours that should have been utilized and select Submit.

**Correct Authorization/Attendance Details for Case Payment Adjustment**

Correct Authorization/Attendance Details for Case Payment Adjustment											
<b>Case Details</b>											
Case Number 1700470019						Agency 13					
AG Status Open						Primary Person Chevy Silverado					
Auth Worker ID XCTR34						Review Date 4/30/2014					
						SMRF Date 10/31/2013					
<b>Request Details</b>											
Request ID C0010						Correction Type Authorization					
Adjustment Begin Date 12/02/2012						Adjustment End Date 12/08/2012					
						Request Status In Progress					
<b>Authorization Details</b>											
Child's Name	DOB	Auth #	Begin Date	End Date	Category	Copay Type	Auth Type	Rate Type	Hours	Spl Ind	
<b>Provider # / Name:</b> 8800039458 - Patty Cake Day Care <b>Location # / Name:</b> 001 - Patty Cake 1											
Sten Silverado	01/24/08	7800297147	11/18/12	01/26/13	LGRP	REG	A	O	20	N	
<b>Authorization and Attendance Details</b>											
Attendance Week	Auth Hrs	Copay Type	Auth Pymt Amt	Reg Attd Hrs	Sch Cls Hrs	Attd Override					
12/02/12	8 (20)	Reg (Reg)	5.65 (\$5.65)	20 (20)	0 (0)	<input type="checkbox"/> (No)					
* Indicates that details have been modified from what was used during issuance. Values in parenthesis are the old values.											
<input type="button" value="Submit"/>											

## List of Authorizations for a Case

The informational symbol to the left of the child's name indicates the details of the authorization have been changed for this child. If no other changes need to be made for this child, click on the Back button.

**List of Authorizations for a Case**

**Case Details**

<b>Case Number</b>	1700470019	<b>Agency</b>	13
<b>AG Status</b>	Open	<b>Primary Person</b>	Chevy Silverado
<b>Auth Worker ID</b>	XCTR34	<b>Review Date</b>	4/30/2014
		<b>SMRF Date</b>	10/31/2013

**Request Details**

<b>Request ID</b>	C0012	<b>Correction Type</b>	Authorization
<b>Adjustment Begin Date</b>	12/02/2012	<b>Adjustment End Date</b>	12/08/2012
		<b>Request Status</b>	In Progress

**Authorization Details**

Child's Name	DOB	Auth #	Begin Date	End Date	Category	Copay Type	Auth Type	Rate Type	Hours	Spl Ind
<b>Provider # / Name:</b> 8800039458 - Patty Cake Day Care <b>Location # / Name:</b> 001 - Patty Cake 1										
Sten Silverado	01/24/08	8800297158	11/18/12	01/26/13	LGRP	REG	A	R	20	N
<b>Rate Details</b>										
			Rate Begin Dt	Rate End Dt	Rate					
			01/06/13	01/26/13	\$5.35					
			12/09/12	01/05/13	\$4.45					
			11/18/12	12/08/12	\$5.65					
Sten Silverado	01/24/08	7800297147	11/18/12	01/26/13	LGRP	REG	A	O	20	N
<b>Rate Details</b>										
			Rate Begin Dt	Rate End Dt	Rate					
			11/18/12	01/26/13	\$5.65					

⚠ - Indicates that corrections details exist.

[< Back](#)

**STEP 5** – Complete the Adjustment Request by selecting the Edit icon.

If completed correctly, the status will show Completed. If the status shows In Progress refer to **Mark as Completed for Overnight Processing** steps on page 9.

**STEP 6** – The completed request will process overnight.

## Adjustment Calculations

### STEP 7 – View the Calculations.

1. Enter PIES the next day and select Client Payment Adjustment Request.
2. Search by Case, SSN, or PIN number associated with the client.
3. View the Calculated Adjustments by clicking on the Adjustments link.

\*Refer to **The Next Day: What to Process** Next on page 10.

### STEP 8

1. Establish the Total Adjustment Amount as an overpayment claim on the Benefit Recovery Claim (BVCL) screen and
2. Click on the Excel icon to download the adjustments into a spreadsheet. Send the spreadsheet to the client to show how the overpayment was calculated.

**Client Payment Adjustments for a Request**

Client Payment Adjustments for a Request

Case Details

Case # 1700470019 Agency Dane County

Primary Person Chevy Silverado

Request Details

Request ID C0010 Correction Type Authorization

Adjustment Begin Date 12/02/2012 Adjustment End Date 12/08/2012

Request Status Calculated

Excel

1

2

Click the Excel icon above to download the data in Excel format


Client Payment Adjustments for a Request (Total Adjustment Amount: (\$84.75))

Provider #	Locn #	Child's Name	Attd Begin Date	Issued Gross Amount	Issued YoungStar Amount	Issued Net Amount	New Gross Amount	New YoungStar Amount	New Net Amount	Adjustment Amount	Delete
8800039458	001	Sten Silverado	12/02/12	\$129.95	\$32.48	\$162.43	\$129.95	\$32.48	\$162.43	\$0.00	<input type="checkbox"/>
8800039458	001	Sten Silverado	12/02/12	\$113.00	\$28.25	\$141.25	\$45.20	\$11.30	\$56.50	(\$84.75)	<input type="checkbox"/>

Delete >

Further details on the Adjustment Amount can be viewed by selecting Adjustment Amount.

**Client Payment Adjustments for a Request**

Client Payment Adjustments for a Request											
<b>Case Details</b>											
<b>Case #</b> 1700470019					<b>Agency</b> Dane County						
<b>Primary Person</b> Chevy Silverado											
<b>Request Details</b>											
<b>Request ID</b> C0010					<b>Correction Type</b> Authorization						
<b>Adjustment Begin Date</b> 12/02/2012					<b>Adjustment End Date</b> 12/08/2012						
					<b>Request Status</b> Calculated						
<b>Excel</b>											
 Click the Excel icon above to download the data in Excel format.											
Client Payment Adjustments for a Request [Total Adjustment Amount: (\$84.75)]											
Provider #	Locn #	Child's Name	Attd Begin Date	Issued Gross Amount	Issued YoungStar Amount	Issued Net Amount	New Gross Amount	New YoungStar Amount	New Net Amount	Adjustment Amount	Delete
8800039458	001	Sten Silverado	12/02/12	\$129.95	\$32.48	\$162.43	\$129.95	\$32.48	\$162.43	\$0.00	<input type="checkbox"/>
8800039458	001	Sten Silverado	12/02/12	\$113.00	\$28.25	\$141.25	\$45.20	\$11.30	\$56.50	(\$84.75)	<input type="checkbox"/>
Delete >											

In the below example, the authorized hours were changed from 20 to 8.

**Adjustment Calculation Details**

Adjustment Calculation Details										
<b>Case Details</b>										
<b>Case #</b> 1700470019					<b>Agency</b> Dane County					
<b>Primary Person</b> Chevy Silverado										
<b>Location Details</b>										
<b>Provider #</b> 8800039458					<b>Location #</b> 001					
<b>Provider Name</b> Patty Cake Day Care					<b>Location Name</b> Patty Cake 1					
<b>Phone #</b> (608) 231-2632					<b>Address</b> 123 Main St Anytown WI 45454					
<b>Authorization Details</b>										
<b>Pin #</b> 1101188910					<b>Child's Name</b> Sten Silverado					
<b>DOB</b> 01/24/2008					<b>Authorization Type</b> Attendance					
<b>Authorization #</b> 7800297147					<b>Attendance Week</b> 12/02/2012					
<b>Authorization Rate Type</b> Other					<b>Category Code</b> Licensed Group					
<b>Special Needs Indicator</b> No										
<b>Adjustment Calculation Details</b>										
		<b>Column #1</b>	<b>Column #2</b>							
Details	Previous	New								
Income	N/A	N/A								
AG size	N/A	N/A								
Provider Price	N/A	N/A								
Accredited	N/A	N/A								
Authorization Rate	\$5.65	\$5.65								
Authorization Hours	20	8								
Regular Attendance Hours	20	20								
School Attendance Hours	0	0								
Override Status	No	No								
Gross Amount	\$113.00	\$45.20								
Star Level	5 Stars	5 Stars								
Percentage Applied	25%	25%								
YoungStar Amount	\$28.25	\$11.30								
Net Amount	\$141.25	\$56.50								

This screen also shows how the Adjustment Amounts of \$84.75 was calculated, which is the Previous Net Amount of \$141.25 subtracted by the New Net Amount of \$56.50.

## Client Overpayment for Over-Authorized Hours, Income, or AG Size

**STEP 1** – Enter the two separate overpayment scenarios as outline in the **Calculating a Client Overpayment When Income or AG Was Reported Incorrectly** and **Calculating a Client Overpayment When Authorized Hours Were More Than Required Care Hours** sections for the same client for the same time frame.

**List of Client Payment Adjustment Requests**

**List of Client Payment Adjustment Requests Details**

Case # 8700539589 Agency Milwaukee County

Primary Person Sandy Sol

Request ID/ Comments	Adjustment Begin Date	Adjustment End Date	Correction Type	Status	Last Updated Date
C0002 Client and her husband were not working over lapping hours, resulting in less CC needed.	07/01/12	07/07/12	Authorization	Calculated	Adjustments 04/09/13
C0001 Ms. Sol intentionally did not report that she was married living with her husband. Ms. Sol's husband was also working and contributing to the household.	07/01/12	07/07/12	Case Details (Income/Ag Size)	Calculated	Adjustments 04/09/13

[New Client Payment Adjustment Request](#)

The dual request will use all the corrected information to create the adjustments.

**STEP 2** – Complete the Adjustment Request by selecting the Edit icon.

If completed correctly, the status will show Completed. If the status shows In Progress refer to **Mark as Completed for Overnight Processing** step on page 9.

**STEP 3** – The complete request will process overnight.

### Adjustment Calculations

**STEP 4** – View the Calculations.

1. Enter PIES the next day and select Client Payment Adjustment Request.
2. Search by Case, SSN, or PIN number associated with the client.
3. View the Calculated Adjustments by clicking on the Adjustments link.


\*Refer to “**The Next Day: What to Process Next**” on page 10 for further details.

### **STEP 5**

1. Establish the Total Adjustment Amount as an overpayment claim on the Benefit Recovery Claim (BVCL) screen and
2. Click on the Excel icon to download the adjustments into a spreadsheet. Send the spreadsheet to the client to show how the overpayment was calculated.

**Client Payment Adjustments for a Request**

<b>Case Details</b>	
<b>Case #</b> 8700539589	<b>Agency</b> Milwaukee County
<b>Primary Person</b> Sandy Sol	
<b>Request Details</b>	
<b>Request ID</b> C0002	<b>Correction Type</b> Authorization
<b>Adjustment Begin Date</b> 07/01/2012	<b>Adjustment End Date</b> 07/07/2012
<b>Request Status</b> Calculated	

Excel 

Click the Excel icon above to download the data in Excel format.

Client Payment Adjustments for a Request (Total Adjustment Amount: (\$64.39))

Provider #	Locn #	Child's Name	Attd Begin Date	Issued Gross Amount	Issued YoungStar Amount	Issued Net Amount	New Gross Amount	New YoungStar Amount	New Net Amount	Adjustment Amount	Delete
8800039458	001	Sam Sol	07/01/12	\$140.00	\$14.00	\$154.00	\$81.47	\$8.14	\$89.61	(\$64.39)	<input type="checkbox"/>

Delete >

In the example below, Column 1 shows the Previous Issuance Amount Details as Income was \$2,210, the Assistance Group (AG) was 2, and the Authorized Hours were 40.

Column 2 shows the new or adjusted Amount Details as Income was \$3,023, the Assistance Group (AG) of 3, and the Authorized Hours of 20.

This screen also shows how the Adjustment Amount of \$64.39 was calculated, which is the Previous Net Amount of \$154.00 subtracted by the New Net Amount of \$89.61.

**Adjustment Calculation Details**

<b>Case Details</b>	
<b>Case #</b> 8700539589	<b>Agency</b> Milwaukee County
<b>Primary Person</b> Sandy Sol	
<b>Location Details</b>	
<b>Provider #</b> 8800039458	<b>Location #</b> 001
<b>Provider Name</b> Patty Cake Day Care	<b>Location Name</b> Patty Cake 1
<b>Phone #</b> (608) 231-2632	<b>Address</b> 123 Main St Anytown WI 45454
<b>Authorization Details</b>	
<b>Pin #</b> 8101305149	<b>Child's Name</b> Sam Sol
<b>DOB</b> 01/01/2009	<b>Authorization Type</b> Enrollment
<b>Authorization #</b> 3800297123	<b>Attendance Week</b> 07/01/2012
<b>Authorization Rate Type</b> Regular	<b>Category Code</b> Licensed Group
<b>Special Needs Indicator</b> No	

Details	Column #1 Previous	Column #2 New
<b>Income</b>	\$2,210.00	\$3,023.00
<b>AG size</b>	2	3
<b>Provider Price</b>	\$300.00	\$300.00
<b>Accredited</b>	No	No
<b>Authorization Rate</b>	\$134.00	\$78.20
<b>Authorization Hours</b>	40	20
<b>Regular Attendance Hours</b>	20	20
<b>School Attendance Hours</b>	0	0
<b>Override Status</b>	No	No
<b>Gross Amount</b>	\$140.00	\$81.47
<b>Star Level</b>	5 Stars	5 Stars
<b>Percentage Applied</b>	10%	10%
<b>YoungStar Amount</b>	\$14.00	\$8.14
<b>Net Amount</b>	\$154.00	\$89.61

List of Payment Adjustment Requests Considered

Request ID	Adjustment Begin Date	Adjustment End Date	Correction Type
C0002	07/01/12	07/07/12	Authorization And Attendance
C0001	07/01/12	07/07/12	Case Details (Income/Ag Size)





**Complete Request for Client**

<b>Case Details</b>	
<b>Case #</b> 1700470019	<b>Agency</b> Dane County
<b>Primary Person</b> Chevy Silverado	
<b>Request Details</b>	
<b>Request ID</b> C0011	<b>Correction Type</b> Authorization
<b>Adjustment Begin Date</b> 12/02/2012	<b>Adjustment End Date</b> 12/08/2012
<b>Request Status</b> Completed	
<b>Complete Request for Client</b>	
<b>Adjustment Begin Date *</b>	12/2/2012 (01/08/2012 - First Paid Attendance)
<b>Adjustment End Date *</b>	12/8/2012 (03/30/2013 - Last Paid Attendance)
<b>Reason Code *</b>	Authorization Processing/Determination Error
<b>Adjustment Category *</b>	Agency Error
<b>Comments</b>	The agency inaccurately calculated the amount of authorized hours for the CC during the client's review. It should have been less.
<b>Request Status *</b>	Completed
Click <a href="#">here</a> to see correction details	
<b>Updated Information</b>	
Updated Date	
Worker ID	
Worker Name	
<a href="#">Modify &gt;</a>	




If adjustments were already calculated by the nightly batch run, adjustment details cannot be altered. The Client Payment Adjustment Request must be deleted and re-entered.

## Deleting Calculated Client Adjustments

Refer to the **Client Related Adjustments** section on entering PIES, and search for the case that needs an adjustment deleted.

**STEP 1** – Select the calculated adjustment that needs to be deleted by clicking on Adjustments.

**List of Client Payment Adjustment Requests**


<b>List of Client Payment Adjustment Requests</b>						
<b>Case Details</b>						
<b>Case #</b> 5700547856				<b>Agency</b> Dane County		
<b>Primary Person</b> Mom Test						
<b>List of Client Payment Adjustment Requests Details</b>						
Request ID/ Comments	Adjustment Begin Date	Adjustment End Date	Correction Type	Status	Last Updated Date	
C0011 The client intentionally concealed her extra income (tips) in attempts to avoid paying a higher copay.	11/25/12	12/08/12	Case Details (Income/Ag Size)	Calculated	<a href="#">Adjustments</a> 07/09/13	  
<a href="#">New Client Payment Adjustment Request</a>						

**STEP 2** – Check the Delete box for all adjustments that need to be deleted and then select the Delete button.

**Client Payment Adjustments for a Request**

**Case Details**  
**Case #** 5700547856 **Agency** Dane County  
**Primary Person** Mom Test

**Request Details**  
**Request ID** C0011 **Correction Type** Case Details (Income/Ag Size)  
**Adjustment Begin Date** 11/25/2012 **Adjustment End Date** 12/08/2012  
**Request Status** Calculated

Excel   
 Click the Excel icon above to download the data in Excel format.

Client Payment Adjustments for a Request (Total Adjustment Amount: [\$152.50])



Provider #	Locn #	Child's Name	Attd Begin Date	Issued Gross Amount	Issued YoungStar Amount	Issued Net Amount	New Gross Amount	New YoungStar Amount	New Net Amount	Adjustment Amount	Delete
8800039458	001	Kid Test	11/25/12	\$226.00	\$56.50	\$282.50	\$165.00	\$41.25	\$206.25	(\$76.25)	<input checked="" type="checkbox"/>
8800039458	001	Kid Test	12/02/12	\$226.00	\$56.50	\$282.50	\$165.00	\$41.25	\$206.25	(\$76.25)	<input checked="" type="checkbox"/>

[Delete >](#)

**STEP 3** – Select the Delete button again to confirm that deletion of the adjustment.

**Client Payment Adjustments for a Request**


**Please review the following warnings**

 **Delete:** The selected adjustment(s) will be deleted. Click the delete button again to delete the adjustment(s).  
 **Delete:** The selected adjustment(s) will be deleted. Click the delete button again to delete the adjustment(s).

**Client Payment Adjustments for a Request**

**Case Details**  
**Case #** 5700547856 **Agency** Dane County  
**Primary Person** Mom Test

**Request Details**  
**Request ID** C0011 **Correction Type** Case Details (Income/Ag Size)  
**Adjustment Begin Date** 11/25/2012 **Adjustment End Date** 12/08/2012  
**Request Status** Calculated

Excel   
 Click the Excel icon above to download the data in Excel format.

Client Payment Adjustments for a Request (Total Adjustment Amount: [\$152.50])

Provider #	Locn #	Child's Name	Attd Begin Date	Issued Gross Amount	Issued YoungStar Amount	Issued Net Amount	New Gross Amount	New YoungStar Amount	New Net Amount	Adjustment Amount	Delete
8800039458	001	Kid Test	11/25/12	\$226.00	\$56.50	\$282.50	\$165.00	\$41.25	\$206.25	(\$76.25)	<input checked="" type="checkbox"/>
8800039458	001	Kid Test	12/02/12	\$226.00	\$56.50	\$282.50	\$165.00	\$41.25	\$206.25	(\$76.25)	<input checked="" type="checkbox"/>

[Delete >](#)


**STEP 4** – To finalize the deletion of the entire adjustment request, select the Garbage Can icon.

**List of Client Payment Adjustment Requests**

**List of Client Payment Adjustment Requests**

**Case Details**  
**Case #** 5700547856 **Agency** Dane County  
**Primary Person** Mom Test

**List of Client Payment Adjustment Requests Details**

Request ID/ Comments	Adjustment Begin Date	Adjustment End Date	Correction Type	Status	Last Updated Date	
C0011 The client intentionally concealed her extra income (tips) in attempts to avoid paying a higher copay.	11/25/12	12/08/12	Case Details (Income/Ag Size)	Calculated	Adjustments 07/09/13	

[New Client Payment Adjustment Request](#)

**STEP 5** – Confirm deleting the entire request by checking the Confirm Delete box and select Delete.

**Delete Request**

**Delete Request**

**Case Details**

Case # 5700547856 Agency Dane County

Primary Person Mom Test

**Request Details**

Request ID C0011 Correction Type Case Details (Income/Ag Size)

Adjustment Begin Date 11/25/2012 Adjustment End Date 12/08/2012

Request Status Calculated

**Delete Request**

Adjustment Begin Date 11/25/2012

Adjustment End Date 12/08/2012

Reason Failure To Report Change/Submit Documentation

Adjustment Category Intentional Program Violation

Comments The client intentionally concealed her extra income (tips) in attempts to avoid paying a higher copay.

**Confirm Delete \*** ☒

Click [here](#) to see correction details

**Updated Information**

Updated Date

Worker ID

Worker Name

Delete >

**Note:** The process for modifying and deleting provider adjustments is the same.

## ***Provider Related Adjustments***


For a provider overpayment, a distinct advantage to using PIES is that it is much simpler to calculate overpayments that are due to incorrectly reported attendance. Although the overpayments are still tied to the individual authorization and the week of attendance, the worker will no longer need to know the payment calculation details in order to determine the overpayment amount.

**PIES provider correction to attendance should only be used when the provider reports a past change in attendance. This functionality should NOT be used for auditing purposes. Please contact the Fraud Detection and Investigation Unit (FDIU) for further assistance on auditing providers.**

Prior to beginning an attendance based overpayment calculation in PIES, the worker will need to know which authorization(s) and which week(s) of attendance were in error.

## Provider Overpayment for Incorrect Attendance

In the example below, the child has an attendance-based authorization for 30 hours per week. The provider inaccurately reported 30 hours of attendance of the weeks beginning 2/10/13 and 2/17/13.



[Change SPA Settings](#)

[Logout](#)

[Home](#) | [Provider Information](#) | [Announcements](#) | [FAQ](#) | [Reports](#) | [Admin](#) | [CSAW](#) | [WISCCRS](#) | [YoungStar](#)

**Location**

[Location List](#)  
[Location Details](#)  
[Confirmation Option](#)  
[License/Certification](#)  
[CCPI User\(s\)](#)  
[Correspondence](#)  
[YoungStar Details](#)  
**Attendance**  
[Enter Attendance](#)  
[To Do List](#)  
[Weekly Summary](#)  
[Biweekly Summary](#)  
[Attendance Entry Options](#)  
[Search by Case Number](#)  
[Request Payment For Absence](#)  
[Request Paperless Attendance](#)  
[Print Attendance](#)

**Josie Lynch**  
**Location** Josie's Day Care #001  
 123 Main St  
 Milwaukee WI 53203  
**Contact Phone** 565-021-2510

**Provider Number** 1800039701  
**Facility Number** 1122682  
**Facility Name** Josie's Day Care  
**Licenser Name**  
**Certifier Name**

**Case Number** 0150738307  
**PIN** 0584802111

**Child Care Agency** Dane County  
**Child's Name** Sakeer, Jolene

**Payment Information from 02/01/13 to 03/01/13**  
 Showing 100 records per page  
 Page 1 of 1 - Records 1-3 of 3

Dates	Child's Name	Date Of Birth	Attendance Begin Date	Pay Type**	Gross Amount*	YoungStar Level	YoungStar Amount	Net Amount	Auth Hours	Auth Type	Actual Hours	Paid Hours
02/23/13	Sakeer, Jolene	11/15/11	02/10/13	ATD	\$173.10	Not Rated	(\$8.65)	\$164.45	30	Attendance	30	30
03/09/13	Sakeer, Jolene	11/15/11	02/17/13	ATD	\$173.10	Not Rated	(\$8.65)	\$164.45	30	Attendance	30	30
03/09/13	Sakeer, Jolene	11/15/11	02/24/13	ATD	\$173.10	Not Rated	(\$8.65)	\$164.45	30	Attendance	30	30

Showing 100 records per page  
 Page 1 of 1 - Records 1-3 of 3

\*Note: The above payment amounts may not include all recovered/returned payments.

\*\*Pay Types: ATD - Attendance, PAJ - Positive Adjustment, NAI - Negative Adjustment, YSI - YoungStar Initial, YSR - YoungStar Retroactive, REG - Registration Fee

The provider reported to the agency that child did not actually start attending until halfway through the second week and that she billed inaccurately. The hours that the child actually attended should have been 0 hours for the week of 2/10/13 and 12 hours for the week of 2/17/13.

To begin the adjustment calculation click on the **Provider Payment Adjustment Requests** on the main CSAW page.

The screenshot shows the CSAW Home page with a navigation bar at the top containing links for Provider Management, Authorization Management, Issuance Management, PIES - Payment Adjustment Management, Report Management, Announcements, and Administration. The main content area is titled 'CSAW Home' and 'Welcome to CSAW!'. It lists several management categories with their respective links:

- Provider Management**
  - [New Provider](#) - Create a new provider
  - [Existing Provider](#) - Work with an existing provider
  - [Union Member List](#) - Show provider union membership details
- Authorization Management**
  - [New Authorization](#) - Create a new authorization
  - [Existing Authorization For Case](#) - Work with an existing authorization for a case
  - [Existing Authorization For Provider](#) - Work with an existing authorization for a provider location
  - [End/Delete authorizations](#) - End/Delete authorizations for a case
  - [School bank hours](#) - Setup school age child and view details of School bank hours.
  - [Education Tracking](#) - Track parent education in a Child Care case.
  - [Case Activity Summary](#) - Case Activity Summary.
- Issuance Management**
  - [Case Search](#) - Search for issuance by case
  - [Provider Search](#) - Search for issuance by provider
- Union Dues**
  - [Union Dues Remittances](#) - List of union dues remittances
  - [Unremitted Union Dues](#) - List of unremitted union dues
- PIES - Payment Adjustment Management**
  - [Client Payment Adjustment Requests](#) - Manage client payment adjustment requests.
  - [Client Payment Adjustments](#) - View/Confirm client payment adjustments.
  - [Provider Payment Adjustment Requests](#) - Manage provider payment adjustment requests. (Indicated by a red arrow)
  - [Provider Payment Adjustments](#) - View/Confirm provider payment adjustments.
- CLIC Discrepancy Management**
  - [CLIC Data Review](#) - Review CLIC Data
  - [Name Discrepancies](#) - View name discrepancies that occurred during the CLIC transfer process.
  - [Location Discrepancies](#) - View location-level discrepancies that occurred during the CLIC transfer process.
  - [Duplicate Providers](#) - View Duplicate Provider discrepancies that occurred during the CLIC transfer process.
  - [Other Discrepancies](#) - View Other Provider discrepancies that occurred during the CLIC transfer process.

Search for a provider by entering in the provider information and select Search. The fastest way to find a provider is by using the Provider Number and Location Number; however, if that information is not available you can search for a provider using any of the fields on the page.

The screenshot shows the Search page with a 'Search For a Provider' section. It includes a 'Search Criteria' area with the following fields and options:

- Advanced Search** ☐ Check this box to get a listing of crossmatches based on the Business and Individual Name.
- Display All Locations** ☐ Check this box to include invalid locations in the search results.
- Provider Number**  (Enter 10 Digits)
- Location Number**
- Tax ID Number**  (Enter 9 Digits)
- Facility ID**
- Name search method**
  - ☒ Starts With
  - ☐ Sounds Like
  - ☐ Exact
- First Name**
- Last Name**
- Business Name**
- Location Name**
- Payee Name**

At the bottom, there is a **Search >** button (indicated by a red arrow) and a [Search by Location Address](#) link.

The **List of Provider Payment Adjustment Requests** page shows the Location Detail summary of the provider that was searched for as well as lists all current payment adjustment calculations done in PIES, if any exist.

To start a new adjustment request, click on **New Provider Payment Adjustment Request**.

**List of Provider Payment Adjustment Requests**

**List of Provider Payment Adjustment Requests**

**Location Details**

<b>Provider #</b> 1800039701	<b>Location #</b> 001
<b>Provider Name</b> Josie Lynch	<b>Location Name</b> Josie's Day Care
<b>Phone #</b> (565) 021-2510	<b>Address</b> 123 Main St Milwaukee WI 53203

**List of Provider Payment Adjustment Requests Details**

There are no Provider Payment Adjustment Requests for this Provider Location

[New Provider Payment Adjustment Request](#)

The **New Provider Payment Adjustment Request** page shows the “First Paid Attendance” and the “Last paid Attendance”. Payment adjustments can only be made between (and including) these dates.

**New Provider Payment Adjustment Request**

**New Provider Payment Adjustment Request**

**Location Details**

<b>Provider #</b> 1800039701	<b>Location #</b> 001
<b>Provider Name</b> Josie Lynch	<b>Location Name</b> Josie's Day Care
<b>Phone #</b> (565) 021-2510	<b>Address</b> 123 Main St Milwaukee WI 53203

**Request Details**

**Adjustment Begin Date \*** (02/03/2013 - First Paid Attendance)

**Adjustment End Date \*** (03/02/2013 - Last Paid Attendance)

**Reason Code \***

**Adjustment Category \***

**Comments**

0 of 300 characters.

**Correction Type \***

- ☒ Provider Weekly Rate
- ☐ Category Details
- ☐ Authorization and Attendances
- ☐ Eligibility (Individual/Group)

[Create New Request >](#)

Prior to beginning a provider adjustment, you will need to know if the overpayment was due to incorrect reporting of provider’s weekly rate, category details, authorization and attendance, or eligibility details.

In this example, the provider reported that the child did not attend the week of 02/10/13, attended only 12 hours for the week of 02/17/13, but billed for 30 hours each those weeks.

**STEP 1** – Enter the following information on the New Provider Payment Adjustment Request Screen.

**1. Adjustment Time Frame**

- Adjustment Begin Date is the Sunday of the first attendance week for which there was a possible incorrect issuance.
- Adjustment End Date is the Saturday of the last attendance week for which there was a possible incorrect issuance.

**2. Reason Code** – select the most accurate description from the drop down list as to the reason for which an incorrect issuance occurred. This reason will be displayed on the provider adjustment notices.

**3. Adjustment Category** – indicates who is responsible for the overpayment and the rate of recoupment from the provider if they are active and still receiving Wisconsin Shares payments.

- Agency Error
- Provider Error
- Intentional Program Violation

**4. Comments** – briefly explain the nature of the overpayment. If there are multiple children in a case, enter the child's name in the comments.

**5. Correction Type** – indicates the type of error that occurred. In this example it is Authorization and Attendance.

**6. Select Create New Request.**

The screenshot shows the 'New Provider Payment Adjustment Request' form. It is divided into two main sections: 'Location Details' and 'Request Details'.  
**Location Details:**  
Provider # 1800039701, Provider Name Josie Lynch, Phone # (565) 021-2510, Location # 001, Location Name Josie's Day Care, Address 123 Main St, Milwaukee WI 53203.  
**Request Details:**  
1. Adjustment Begin Date: 2/10/2013 (02/03/2013 - First Paid Attendance)  
2. Adjustment End Date: 2/23/2013 (03/02/2013 - Last Paid Attendance)  
3. Reason Code: Provider Entered Wrong Hours Of Attendance  
4. Adjustment Category: Provider Error  
5. Comments: Provider called the local agency to report that she billed inaccurately for child Jolen Sakeer case # 0150738307.  
6. Correction Type: Authorization and Attendances (selected)  
At the bottom, there is a 'Create New Request >' button.



**STEP 2** – Select the child’s or children’s name whose hours need to be adjusted on the **List of Authorizations** for the Location screen.

**List of Authorizations for the Location**

List of Authorizations for the Location										
<b>Location Details</b>										
<b>Provider #</b> 1800039701 <b>Provider Name</b> Josie Lynch <b>Phone #</b> (565) 021-2510					<b>Location #</b> 001 <b>Location Name</b> Josie's Day Care <b>Address</b> 123 Main St Milwaukee WI 53203					
<b>Request Details</b>										
<b>Request ID</b> P0001 <b>Adjustment Begin Date</b> 02/10/2013					<b>Correction Type</b> Authorization And Attendance <b>Adjustment End Date</b> 02/23/2013 <b>Request Status</b> In Progress					
<b>List of Authorizations for the Period</b>										
Child's Name	DOB	Auth #	Begin Date	End Date	Category	Copay Type	Auth Type	Rate Type	Hours	Spl Ind
<b>Case #:</b> 0150738307 <b>Primary Person / Name:</b> Josinda Sakeer										
Jolene Sakeer	11/15/11	8800297208	02/10/13	03/30/13	LFAM	REG	A	R	30	N
<b>Rate Details</b>										
			<b>Rate Begin Dt</b>	<b>Rate End Dt</b>	<b>Rate</b>					
			02/10/13	03/30/13	\$5.77					
<b>Case #:</b> 3150738130 <b>Primary Person / Name:</b> Maggie Staggered										
Kid Staggered	12/12/06	3800297193	02/03/13	06/01/13	LFAM	REG	A	R	30	N
<b>Rate Details</b>										
			<b>Rate Begin Dt</b>	<b>Rate End Dt</b>	<b>Rate</b>					
			02/03/13	06/01/13	\$4.67					

[< Back](#)

**STEP 3** – Enter the following information on the **Correct Authorization/Attendance Detail for Case Payment Adjustment** screen.

1. **Authorized Hours** for the child for the whole adjustment request timeframe if each week is the same number. Enter the hours and check the box if you need to make any changes to authorized amount of hours if applicable. This will fill in the authorized hours for all weeks of the adjustment or you can change the Authorized hours by doing it individually like in number 2 (below).
2. **Authorized Hours** for the child each week, if the authorized amounts of hour vary each week of the adjustment timeframe. **In this example, the child was authorized for 30 hours for the overpayment timeframe and that information will not need to be altered for the Provider Overpayment.**
3. **Copay Type** for child for the whole adjustment request timeframe if each week is the same copay type. Enter the new copay type and check the box if you need to make any changes to the copay type applicable. This will fill in the copay type for all weeks of the adjustment or you can change the copay type by doing in individually like in number 4 (below).
4. **Copay Types** for the child each week, if the copay type varies each week of the adjustment timeframe.
5. **Regular Attended Hours** for the child each week. In this example, 0 is entered for the week of 2/10/13 since the child did not attend and 12 hours is entered for the week of



2/17/13. The hours that had been reported by the provider and used for the issuance appear in parenthesis next to the entry boxes.

6. **School Close Hours** for the child each week, if applicable. In this example, the child is not school age and does not have any school closed hours to use or alter.
7. **Attendance Override** for the child to be entered when the Provider and Client reported that the child attended more than authorized hours for an attendance period in the past. Like in an instance where the client worked overtime. For the example below, we would not use this functionality.
8. **Select Submit.**


**Correct Authorization/Attendance Details for Provider Payment Adjustment**

Correct Authorization/Attendance Details											
<b>Location Details</b>											
<b>Provider #</b>		1800039701				<b>Location #</b>		001			
<b>Provider Name</b>		Josie Lynch				<b>Location Name</b>		Josie's Day Care			
<b>Phone #</b>		(565) 021-2510				<b>Address</b>		123 Main St Milwaukee WI 53203			
<b>Request Details</b>											
<b>Request ID</b>		P0007				<b>Correction Type</b>		Authorization And Attendance			
<b>Adjustment Begin Date</b>		02/10/2013				<b>Adjustment End Date</b>		02/23/2013			
						<b>Request Status</b>		In Progress			
<b>Authorization Details</b>											
Child's Name	DOB	Auth #	Begin Date	End Date	Category	Copay Type	Auth Type	Rate Type	Hours	Spl Ind	
Case #: 0150738307											
Primary Person's Name: Josinda Sakeer											
Jolene Sakeer	11/15/11	8800297208	02/10/13	03/30/13	LFAM	REG	A	R	30	N	
<b>Authorization and Attendance Details</b>											
1	Attendance Week	Auth Hrs	Copay Type	3	Auth Pynt Amt	Reg Attd Hrs	Sch Cls Hrs	Attd Override			
	02/10/13	30 (30)	Reg (Reg)	4	(\$5.77)	0 (30)	0 (0)	<input type="checkbox"/> (No)			
2	02/17/13	30 (30)	Reg (Reg)		(\$5.77)	5 12 (30)	0 (0)	<input type="checkbox"/> (No)			
* Indicates that details have been modified from what was used during issuance. Values in parenthesis are the old values.											
											8
											Submit

## List of Authorization for the Location

The informational symbol to the left of the child's name indicates that the details of authorization/attendance have been changed for this child. If no other changes have to be made for this child, click on the Back button.


**List of Authorizations for the Location**

List of Authorizations for the Location										
<b>Location Details</b>										
<b>Provider #</b> 1800039701 <b>Provider Name</b> Josie Lynch <b>Phone #</b> (565) 021-2510					<b>Location #</b> 001 <b>Location Name</b> Josie's Day Care <b>Address</b> 123 Main St Milwaukee WI 53203					
<b>Request Details</b>										
<b>Request ID</b> P0001 <b>Adjustment Begin Date</b> 02/10/2013					<b>Correction Type</b> Authorization And Attendance <b>Adjustment End Date</b> 02/23/2013 <b>Request Status</b> In Progress					
<b>List of Authorizations for the Period</b>										
Child's Name	DOB	Auth #	Begin Date	End Date	Category	Copay Type	Auth Type	Rate Type	Hours	Spl Ind
<b>Case #:</b> 0150738307 <b>Primary Person / Name:</b> Josinda Sakeer										
<a href="#">Jolene Sakeer</a>	11/15/11	8800297208	02/10/13	03/30/13	LFAM	REG	A	R	30	N
<b>Rate Details</b>										
			Rate Begin Dt	Rate End Dt	Rate					
			02/10/13	03/30/13	\$5.77					
<b>Case #:</b> 3150738130 <b>Primary Person / Name:</b> Maggie Staggered										
<a href="#">Kid Staggered</a>	12/12/06	3800297193	02/03/13	06/01/13	LFAM	REG	A	R	30	N
<b>Rate Details</b>										
			Rate Begin Dt	Rate End Dt	Rate					
			02/03/13	06/01/13	\$4.67					
 - Indicates that corrections details exist.										
<a href="#">&lt; Back</a>										

## Mark as Completed and Prep for Overnight Processing

**STEP 4** – Complete the Adjustment Request by selecting the Edit icon.

**List of Provider Payment Adjustment Requests**

List of Provider Payment Adjustment Requests						
<b>Location Details</b>						
<b>Provider #</b> 1800039701 <b>Provider Name</b> Josie Lynch <b>Phone #</b> (565) 021-2510				<b>Location #</b> 001 <b>Location Name</b> Josie's Day Care <b>Address</b> 123 Main St Milwaukee WI 53203		
<b>List of Provider Payment Adjustment Requests Details</b>						
Request ID/ Comments	Adjustment Begin Date	Adjustment End Date	Correction Type	Status	Last Updated Date	
P0001 Provider called the local agency to report that she billed inaccurately for child Jolen Sakeer case # 0150738307.	02/10/13	02/23/13	Authorization And Attendance	In Progress	04/15/13	  
<a href="#">New Provider Payment Adjustment Request</a>						

## STEP 5 –

1. Change the Request Status from In Progress to Completed
2. Select Modify to submit the status change.

**Complete Request for Provider**

Location Details	
<b>Provider #</b> 1800039701	<b>Location #</b> 001
<b>Provider Name</b> Josie Lynch	<b>Location Name</b> Josie's Day Care
<b>Phone #</b> (565) 021-2510	<b>Address</b> 123 Main St Milwaukee WI 53203

Request Details	
<b>Request ID</b> P0001	<b>Correction Type</b> Authorization And Attendance
<b>Adjustment Begin Date</b> 02/10/2013	<b>Adjustment End Date</b> 02/23/2013
<b>Request Status</b> In Progress	

**Complete Request for Provider**

**Adjustment Begin Date \*** 2/10/2013 (02/03/2013 - First Paid Attendance)

**Adjustment End Date \*** 2/23/2013 (03/02/2013 - Last Paid Attendance)

**Reason Code \*** Provider Entered Wrong Hours Of Attendance

**Adjustment Category \*** Provider Error

**Comments**  
Provider called the local agency to report that she billed inaccurately for child Jolen Sakeer case # 0150738307.

**Request Status \*** Completed

Click [here](#) to see correction details

**Updated Information**

Updated Date  
Worker ID  
Worker Name

[Modify >](#)

**STEP 6** – The completed request will process overnight.

Note that the status is Completed. This means the payment adjustment request has been entered, but has not yet been calculated and processed.

**List of Provider Payment Adjustment Requests**

Location Details	
<b>Provider #</b> 1800039701	<b>Location #</b> 001
<b>Provider Name</b> Josie Lynch	<b>Location Name</b> Josie's Day Care
<b>Phone #</b> (565) 021-2510	<b>Address</b> 123 Main St Milwaukee WI 53203

List of Provider Payment Adjustment Requests Details						
Request ID/ Comments	Adjustment Begin Date	Adjustment End Date	Correction Type	Status	Last Updated Date	
P0001 Provider called the local agency to report that she billed inaccurately for child Jolen Sakeer case # 0150738307.	02/10/13	02/23/13	Authorization And Attendance	Completed	04/15/13	<a href="#">Continue</a> <a href="#">Correction</a>

[New Provider Payment Adjustment Request](#)

## The Next Day: What to Process

**STEP 7** – View the calculations by entering PIES and selecting Provider Payment Adjustment Requests.



**STEP 8** – Search by Provider and Location Number and select Search.

**STEP 9** – View the calculated adjustments by clicking on Adjustments. Note that the Status is Calculated.

This will show the individual weeks for which an overpayment has been calculated.

The system shows the Issued Net Amount (original amount paid), the New Net Amount (the correct amount that should have been paid), and the Adjustment Amount (the overpayment or underpayment for each week of attendance).

**STEP 10** – Confirm the Adjustments by following the **Confirming Provider Adjustment Calculation** section at the end of this manual. This process will enter the adjustments automatically into the system. **OR**

You can enter the adjustments manually into CSAW by following the instructions as outlined in the CSAW Issuance User Guide.

<http://dcf.wisconsin.gov/childcare/wishares/CSAW/pdf/csawissuance.pdf>


**Provider Payment Adjustments for a Request**

**Location Details**

**Provider #** 1800039701 **Location #** 001  
**Provider Name** Josie Lynch **Location Name** Josie's Day Care  
**Phone #** (565) 021-2510 **Address** 123 Main St  
 Milwaukee WI 53203

**Request Details**

**Request ID** P0010 **Correction Type** Authorization And Attendance  
**Adjustment Begin Date** 02/10/2013 **Adjustment End Date** 02/23/2013  
**Request Status** Calculated

Excel 

Click the Excel icon above to download the data in Excel format.

Provider Payment Adjustments for a Request (Total Adjustment Amount: {\$263.12})

Case #	Pin #	Child's Name	Attd Begin Dt	Issued Gross Amount	Issued YounStar Amount	Issued Net Amount	New Gross Amount	New YounStar Amount	New Net Amount	Adjustment Amount	Delete
0150738307	0584802111	Jolene Sakeer	02/10/13	\$173.10	(\$8.65)	\$164.45	\$0.00	\$0.00	\$0.00	(\$164.45)	<input type="checkbox"/>
0150738307	0584802111	Jolene Sakeer	02/17/13	\$173.10	(\$8.65)	\$164.45	\$69.24	(\$3.46)	\$65.78	(\$98.67)	<input type="checkbox"/>

Delete >

When entering adjustments manually, if the Adjustment Amount is in parentheses, you will enter a negative adjustment into CSAW. If the amount is not in parentheses, you will enter a positive adjustment into CSAW.

The details of the calculations can be viewed by clicking on the Adjustment Amount.


**Provider Payment Adjustments for a Request**

**Location Details**

**Provider #** 1800039701 **Location #** 001  
**Provider Name** Josie Lynch **Location Name** Josie's Day Care  
**Phone #** (565) 021-2510 **Address** 123 Main St  
 Milwaukee WI 53203

**Request Details**

**Request ID** P0010 **Correction Type** Authorization And Attendance  
**Adjustment Begin Date** 02/10/2013 **Adjustment End Date** 02/23/2013  
**Request Status** Calculated

Excel 

Click the Excel icon above to download the data in Excel format.

Provider Payment Adjustments for a Request (Total Adjustment Amount: {\$263.12})

Case #	Pin #	Child's Name	Attd Begin Dt	Issued Gross Amount	Issued YounStar Amount	Issued Net Amount	New Gross Amount	New YounStar Amount	New Net Amount	Adjustment Amount	Delete
0150738307	0584802111	Jolene Sakeer	02/10/13	\$173.10	(\$8.65)	\$164.45	\$0.00	\$0.00	\$0.00	(\$164.45)	<input type="checkbox"/>
0150738307	0584802111	Jolene Sakeer	02/17/13	\$173.10	(\$8.65)	\$164.45	\$69.24	(\$3.46)	\$65.78	(\$98.67)	<input type="checkbox"/>

Delete >

The **Adjustment Calculation Details** page shows the change made to the attendance that resulted in a decrease in the payment.

In the below example, the worker can compare the "Previous" and "New" calculations to clearly see how the adjustment was calculated.

Adjustment Calculation Details

Adjustment Calculation Details

Case Details

Case #

0150738307

Agency

Dane County

Primary Person

Josinda Sakeer

Location Details

Provider #

1800039701

Location #

001

Provider Name

Josie Lynch

Location Name

Josie's Day Care

Phone #

(565) 021-2510

Address

123 Main St  
Milwaukee WI 53203

Authorization Details

Pin #

0584802111

Child's Name

Jolene Sakeer

DOB

11/15/2011

Authorization Type

Attendance

Authorization #

8800297208

Attendance Week

02/10/2013

Authorization Rate Type

Regular

Category Code

Licensed Family

Special Needs Indicator

No

Adjustment Calculation Details

Details	Previous	New
Income	\$0.00	\$0.00
AG size	2	2
Provider Price	\$200.00	\$200.00
Accredited	No	No
Authorization Rate	\$5.77	\$5.77
Authorization Hours	30	30
Regular Attendance Hours	30	0
School Attendance Hours	0	0
Override Status	No	No
Gross Amount	\$173.10	\$0.00
Star Level	N/A	N/A
Percentage Applied	-5%	N/A
YoungStar Amount	(\$8.65)	\$0.00
Net Amount	\$164.45	\$0.00

List of Payment Adjustment Requests Considered

Request ID	Adjustment Begin Date	Adjustment End Date	Correction Type
P0001	02/10/13	02/23/13	Authorization And Attendance

[View Details](#)

[Back](#)

This screen also shows how the Adjustment Amount of \$164.45 was calculated, which is simply the Previous Net Amount of \$164.45 subtracted by the New Net Amount of \$0.00.

Details on the rate calculation can be viewed by clicking on the Authorized Rate and details on the issuance calculations can be viewed by clicking on the Gross Amount.

Adjustment Calculation Details			
Details	Previous	New	
Income	\$0.00	\$0.00	
AG size	2	2	
Provider Price	\$200.00	\$200.00	
Accredited	No	No	
Authorization Rate	<a href="#">\$5.77</a>	\$5.77	
Authorization Hours	30	30	
Regular Attendance Hours	30	0	
School Attendance Hours	0	0	
Override Status	No	No	
Gross Amount	<a href="#">\$173.10</a>	<a href="#">\$0.00</a>	
Star Level	N/A	N/A	
Percentage Applied	-5%	N/A	
YoungStar Amount	(\$8.65)	\$0.00	
Net Amount	\$164.45	\$0.00	

List of Payment Adjustment Requests Considered			
Request ID	Adjustment Begin Date	Adjustment End Date	Correction Type
P0001	02/10/13	02/23/13	Authorization And Attendance

  
[View Details](#)

## ***Payment Adjustment Request Due to Incorrect Provider Rate***

1. Click on the **Provider Payment Requests** link underneath the PIES heading.
2. Search for a provider by using the Provider and Location number.
3. Select **New Provider Payment Adjustment Request** on the **List of Provider Payment Adjustment Requests**.

In the example below, the provider reported that the regular rate increased from \$200 per week to \$250 per week and the part time rate increased from \$100 per week to \$150 per week effective 2/24/13, but the worker forgot to enter the updated rates.

**STEP 1** – Enter the following information on the **New Provider Payment Adjustment Request Screen**.

1. **Adjustment Time Frame**
  - Adjustment Begin Date is the Sunday of the first attendance week for which there was a possible incorrect issuance.
  - Adjustment End Date is the Saturday of the last attendance week for which there was a possible incorrect issuance.
2. **Reason Code** – select the most accurate description from the drop down list as the reason for which an incorrect issuance occurred.
3. **Adjustment Category** – indicates who is responsible for the overpayment and the rate of recoupment from the provider if they are active and still receiving Wisconsin Shares payments.
  - Agency Error
  - Provider Error
  - Intentional Program Violation
4. **Comments** – briefly explain the nature of the overpayment. If there are multiple children in a case, enter the child's name in the comments.
5. **Correction Type** – indicates the type of error that occurred. In this example it is **Provider Weekly Rate**.
6. **Select Create New Request.**



**New Provider Payment Adjustment Request**

Location Details	
<b>Provider #</b> 1800039701	<b>Location #</b> 001
<b>Provider Name</b> Josie Lynch	<b>Location Name</b> Josie's Day Care
<b>Phone #</b> (565) 021-2510	<b>Address</b> 123 Main St Milwaukee WI 53203

Request Details	
1 → <b>Adjustment Begin Date</b> *	2/24/2013 (02/03/2013 - First Paid Attendance)
2 → <b>Adjustment End Date</b> *	3/2/2013 (03/02/2013 - Last Paid Attendance)
3 → <b>Reason Code</b> *	Worker Entered Wrong Provider Rates
4 → <b>Adjustment Category</b> *	Agency Error
5 → <b>Comments</b>	Provider reported change in rates, but worker forgot to enter the new rates in a timely manner. 95 of 300 characters.
6 → <b>Correction Type</b> *	<input checked="" type="radio"/> Provider Weekly Rate <input type="radio"/> Category Details <input type="radio"/> Authorization and Attendances <input type="radio"/> Eligibility (Individual/Group)

6 → [Create New Request >](#)

**STEP 2** – On the **Provider Price (Existing and Adjusted) List** select Add New Regular Rates.

**Provider Price (Existing and Adjusted) List**

Location Details	
<b>Provider #</b> 1800039701	<b>Location #</b> 001
<b>Provider Name</b> Josie Lynch	<b>Location Name</b> Josie's Day Care
<b>Phone #</b> (565) 021-2510	<b>Address</b> 123 Main St Milwaukee WI 53203

Request Details	
<b>Request ID</b> P0002	<b>Correction Type</b> Provider Weekly Rate
<b>Adjustment Begin Date</b> 02/24/2013	<b>Adjustment End Date</b> 03/02/2013
	<b>Request Status</b> In Progress

Existing Regular Rates				
From Age	To Age	Begin Date	End Date	Rate
0 Years 0 Months	12 Years 11 Months	11/25/12		\$200.00

Adjusted Regular Rates  
There are no Corrected Regular Rates entered for this Provider Location

[Add New Regular Rates](#)

Existing Part-time Rates				
From Age	To Age	Begin Date	End Date	Rate
0 Years 0 Months	12 Years 11 Months	02/17/13		\$100.00

Adjusted Part-time Rates  
There are no Corrected Part-time Rates entered for this Provider Location

[Add New Part-time Rates](#)

[< Back](#)

**STEP 3** – Enter the correct **Provider Price** information.

- Age Group Served
  - From Year(s) and Month(s). In this example, the From Year is 0 years and 0 months.
  - To Year(s) and Month(s). In this example, the To Year is 12 years and 11 months.
- The new weekly Rate for full time children. In this example, the Provider weekly increased from \$200 to \$250.
- Select Add.

**Note:** The rate information on this page is used only to calculate an over/under payment. It does not update the provider's rates in the Provider Management section.



**Provider Price**

**Correct Provider Price**

**Location Details**

Provider # 1800039701  
 Provider Name Josie Lynch  
 Phone # (565) 021-2510

Location # 001  
 Location Name Josie's Day Care  
 Address 123 Main St  
 Milwaukee WI 53203

**Request Details**

Request ID P0002  
 Adjustment Begin Date 02/24/2013

Correction Type Provider Weekly Rate  
 Adjustment End Date 03/02/2013  
 Request Status In Progress

**Provider Price**

Rate Type Regular Rate

1 → From Year(s) \* 0  
 2 → To Year(s) \* 12  
 From Month(s) \* 0  
 To Month(s) \* 11  
 Rate \* 250

3 → Add >

**STEP 4** – Click on Add New Part-time Rates.

**Provider Price (Existing and Adjusted) List**

**Provider Price (Existing and Adjusted) List**

**Location Details**

Provider # 1800039701  
 Provider Name Josie Lynch  
 Phone # (565) 021-2510

Location # 001  
 Location Name Josie's Day Care  
 Address 123 Main St  
 Milwaukee WI 53203

**Request Details**

Request ID P0003  
 Adjustment Begin Date 02/24/2013

Correction Type Provider Weekly Rate  
 Adjustment End Date 03/02/2013  
 Request Status In Progress

**Existing Regular Rates**

From Age	To Age	Begin Date	End Date	Rate
0 Years 0 Months	12 Years 11 Months	11/25/12		\$200.00

**Adjusted Regular Rates**

From Age	To Age	Rate	Updated Date
0 Years 0 Months	12 Years 11 Months	\$250.00	04/16/13

[Add New Regular Rates](#)

**Existing Part-time Rates**

From Age	To Age	Begin Date	End Date	Rate
0 Years 0 Months	12 Years 11 Months	02/17/13		\$100.00

**Adjusted Part-time Rates**

From Age	To Age	Rate	Updated Date
0 Years 0 Months	12 Years 11 Months	\$150.00	04/16/13

[Add New Part-time Rates](#)

< Back

**STEP 5** – Enter the **Correct Provider Price** information.

- Age Group Served
  - From Year(s) and Month(s). In this example, the From Year is 0 years and 0 months.
  - To Year(s) and Month(s). In this example, the To Year is 12 years and 11 months.
- The new weekly Rate for part time children. In this example, the provider weekly increased from \$100 to \$150.
- Select Add.

**Note:** The rate information on this page is used only to calculate the over/underpayment. It does not update the provider's rates in the Provider Management section.

**STEP 6** – Select the back button when corrections are completed.

**Provider Price (Existing and Adjusted) List**

Provider Price (Existing and Adjusted) List					
<b>Location Details</b>					
<b>Provider #</b>	1800039701	<b>Location #</b>	001		
<b>Provider Name</b>	Josie Lynch	<b>Location Name</b>	Josie's Day Care		
<b>Phone #</b>	(565) 021-2510	<b>Address</b>	123 Main St Milwaukee WI 53203		
<b>Request Details</b>					
<b>Request ID</b>	P0005	<b>Correction Type</b>	Provider Weekly Rate		
<b>Adjustment Begin Date</b>	02/24/2013	<b>Adjustment End Date</b>	03/02/2013		
		<b>Request Status</b>	In Progress		
<b>Existing Regular Rates</b>					
<b>From Age</b>	<b>To Age</b>	<b>Begin Date</b>	<b>End Date</b>	<b>Rate</b>	
0 Years 0 Months	12 Years 11 Months	11/25/12		\$200.00	
<b>Adjusted Regular Rates</b>					
<b>From Age</b>	<b>To Age</b>	<b>Rate</b>	<b>Updated Date</b>		
0 Years 0 Months	12 Years 11 Months	\$250.00	04/23/13		
<a href="#">Add New Regular Rates</a>					
<b>Existing Part-time Rates</b>					
<b>From Age</b>	<b>To Age</b>	<b>Begin Date</b>	<b>End Date</b>	<b>Rate</b>	
0 Years 0 Months	12 Years 11 Months	02/17/13		\$100.00	
<b>Adjusted Part-time Rates</b>					
<b>From Age</b>	<b>To Age</b>	<b>Rate</b>	<b>Updated Date</b>		
0 Years 0 Months	12 Years 11 Months	\$150.00	04/23/13		
<a href="#">Add New Part-time Rates</a>					
<a href="#">&lt; Back</a>					

## Complete Request

**STEP 7** – Change the Request Status from In Progress to Completed by clicking on the Edit Icon.

\*Review **Mark as Completed for Overnight Processing** steps on page 41 for further details.

**List of Provider Payment Adjustment Requests**

List of Provider Payment Adjustment Requests						
<b>Location Details</b>						
<b>Provider #</b>	1800039701	<b>Location #</b>	001			
<b>Provider Name</b>	Josie Lynch	<b>Location Name</b>	Josie's Day Care			
<b>Phone #</b>	(565) 021-2510	<b>Address</b>	123 Main St Milwaukee WI 53203			
<b>List of Provider Payment Adjustment Requests Details</b>						
<b>Request ID/ Comments</b>	<b>Adjustment Begin Date</b>	<b>Adjustment End Date</b>	<b>Correction Type</b>	<b>Status</b>	<b>Last Updated Date</b>	
P0003 Provider reported change in rates, but the worker forgot to enter the new rates in a timely manner.	02/24/13	03/02/13	Provider Weekly Rate	In Progress	04/16/13	<a href="#">Continue Correction</a>
P0001 Provider called the local agency to report that she billed inaccurately for child Jolen Sakeer case # 0150738307.	02/10/13	02/23/13	Authorization And Attendance	Completed	04/15/13	<a href="#">Continue Correction</a>
<a href="#">New Provider Payment Adjustment Request</a>						

**STEP 8** – The completed request will process overnight.

## The Next Day: What to Process

## Adjustment Calculations

### **STEP 9** – View the Calculations.

1. Enter PIES the next day and select **Provider Payment Adjustment Requests**.
2. Search by Provider Number.
3. View the calculated adjustments by clicking on the Adjustment link.

\*Refer to **The Next Day: What to Process Next** on page 42 for further details.

In the below example, the week of 2/24/13 no Adjustment Amounts were calculated since the provider's rate is higher than the county weekly ceiling maximum. Select Adjustment Amount for further details.

**Provider Payment Adjustments for a Request**

**Provider Payment Adjustments for a Request**

**Location Details**

**Provider #** 1800039701

**Provider Name** Josie Lynch

**Phone #** (565) 021-2510

**Location #** 001

**Location Name** Josie's Day Care

**Address** 123 Main St  
Milwaukee WI 53203

**Request Details**

**Request ID** P0011


**Adjustment Begin Date** 02/24/2013

**Correction Type** Provider Weekly Rate

**Adjustment End Date** 03/02/2013

**Request Status** Calculated

**Excel**



Click the Excel icon above to download the data in Excel format.

**Provider Payment Adjustments for a Request (Total Adjustment Amount: \$0.00)**

Case #	Pin #	Child's Name	Attd Begin Dt	Issued Gross Amount	Issued YounStar Amount	Issued Net Amount	New Gross Amount	New YounStar Amount	New Net Amount	Adjustment Amount	Delete
0150738307	0584802111	Jolene Sakeer	02/24/13	\$173.10	(\$8.65)	\$164.45	\$173.10	(\$8.65)	\$164.45	\$0.00	<input type="checkbox"/>
3150738130	3584801664	Kid Staggered	02/24/13	\$140.10	(\$7.00)	\$133.10	\$140.10	(\$7.00)	\$133.10	\$0.00	<input type="checkbox"/>

Delete >

Compare the “Previous” and “New” calculations to see how the adjustment was calculated.

**Adjustment Calculation Details**

Adjustment Calculation Details			
<b>Case Details</b>		<b>Agency</b> Dane County	
<b>Case #</b>	0150738307		
<b>Primary Person</b>	Josinda Sakeer		
<b>Location Details</b>		<b>Location #</b> 001	
<b>Provider #</b>	1800039701		
<b>Provider Name</b>	Josie Lynch		
<b>Phone #</b>	(565) 021-2510		
		<b>Location Name</b> Josie's Day Care	
		<b>Address</b> 123 Main St Milwaukee WI 53203	
<b>Authorization Details</b>		<b>Child's Name</b> Jolene Sakeer	
<b>Pin #</b>	0584802111		
<b>DOB</b>	11/15/2011		
<b>Authorization #</b>	8800297208		
<b>Authorization Rate Type</b>	Regular		
<b>Special Needs Indicator</b>	No		
		<b>Authorization Type</b> Attendance	
		<b>Attendance Week</b> 02/24/2013	
		<b>Category Code</b> Licensed Family	
Adjustment Calculation Details			
Details	Previous	New	
Income	\$0.00	\$0.00	
AG size	2	2	
Provider Price	\$200.00	\$250.00	
Accredited	No	No	
Authorization Rate	\$5.77	\$5.77	
Authorization Hours	30	30	
Regular Attendance Hours	30	30	
School Attendance Hours	0	0	
Override Status	No	No	
Gross Amount	\$173.10	\$173.10	
Star Level	N/A	N/A	
Percentage Applied	-5%	-5%	
YoungStar Amount	(\$8.65)	(\$8.65)	
Net Amount	\$164.45	\$164.45	
List of Payment Adjustment Requests Considered			
Request ID	Adjustment Begin Date	Adjustment End Date	Correction Type
P0003	02/24/13	03/02/13	Provider Weekly Rate
<a href="#">View Details</a>			
<a href="#">&lt; Back</a>			

Details on the rate calculation can be viewed by clicking on the Authorization Rate and details on the issuance calculations can be viewed by clicking on the Gross Amount.

**Adjustment Calculation Details**

Details	Previous	New	
Income	\$0.00	\$0.00	
AG size	2	2	
Provider Price	\$200.00	\$250.00	
Accredited	No	No	
Authorization Rate	<a href="#">\$5.77</a>	<a href="#">\$5.77</a>	
Authorization Hours	30	30	
Regular Attendance Hours	30	30	
School Attendance Hours	0	0	
Override Status	No	No	
Gross Amount	<a href="#">\$173.10</a>	<a href="#">\$173.10</a>	
Star Level	N/A	N/A	
Percentage Applied	-5%	-5%	
YoungStar Amount	(\$8.65)	(\$8.65)	
Net Amount	\$164.45	\$164.45	
List of Payment Adjustment Requests Considered			
Request ID	Adjustment Begin Date	Adjustment End Date	Correction Type
P0003	02/24/13	03/02/13	Provider Weekly Rate
<a href="#">View Details</a>			

## ***Provider Overpayment Due to Incorrect Category Details***

1. Click on the **Provider Payment Requests** link underneath the PIES heading.
2. Search for a provider by using the Provider and Location number.
3. Select **New Provider Payment Adjustment Request** on the **List of Provider Payment Adjustment Requests**.

In the example below, provider was not licensed from 2/3/2013 to 2/19/2013, but the information was not received from licensing.

### **STEP 1** – Enter the following information on the **New Provider Payment Adjustment Request Screen**.

1. **Adjustment Time Frame**
  - Adjustment Begin Date is the Sunday of the first attendance week for which there was a possible incorrect issuance.
  - Adjustment End Date is the Saturday of the last attendance week for which there was a possible incorrect issuance.
2. **End Code** – select the most accurate description from the drop down list as to the reason for which an incorrect issuance occurred.
3. **Adjustment Category** – indicates who is responsible for the overpayment and the rate of recoupment from the provider if they are active and still receiving Wisconsin Shares payments.
  - Agency Error
  - Provider Error
  - Intentional Program Violation
4. **Comments** – briefly explain the nature of the overpayment. If there are multiple children in a case, enter the child's name in the comments.
5. **Correction Type** – indicates the type of error that occurred. In this example it is **Category Details**.
6. **Select Create New Request**.

**New Provider Payment Adjustment Request**

**Location Details**

Provider # 1800039701  
 Provider Name Josie Lynch  
 Phone # (565) 021-2510

Location # 001  
 Location Name Josie's Day Care  
 Address 123 Main St  
 Milwaukee WI 53203

**Request Details**

1 → Adjustment Begin Date \* 2/3/2013 (02/03/2013 - First Paid Attendance)  
 2 → Adjustment End Date \* 02/09/13 (03/02/2013 - Last Paid Attendance)  
 3 → Reason Code \* Provider Category Change Reported Late  
 4 → Adjustment Category \* Provider Error  
 5 → Comments  
 Provider did not report category change timely.  
 49 of 300 characters.  
☐ Provider Weekly Rate  
☒ Category Details  
☐ Authorization and Attendances  
☐ Eligibility (Individual/Group)  
 6 → Correction Type \*  
☐ Provider Weekly Rate  
☒ Category Details  
☐ Authorization and Attendances  
☐ Eligibility (Individual/Group)

6 → Create New Request >

**STEP 2** – Change the Regulation Status on the End Certification/License page to Closed to indicate that there was no active license at that time and then click Submit.

**End Certificate/License**

**Location Details**

Provider # 1800039701  
 Provider Name Josie Lynch  
 Phone # (565) 021-2510

Location # 001  
 Location Name Josie's Day Care  
 Address 123 Main St  
 Milwaukee WI 53203

**Request Details**

Request ID P0004  
 Adjustment Begin Date 02/03/2013  
 Correction Type Category Details  
 Adjustment End Date 02/09/2013  
 Request Status In Progress

**List of Certificate/Licenses**

Category	Begin Date	End Date	Regulation Status	Accredited
Licensed Family	11/30/12		<input type="radio"/> Open <input checked="" type="radio"/> Closed	<input type="radio"/> Yes <input checked="" type="radio"/> No

Submit >

## Complete Request

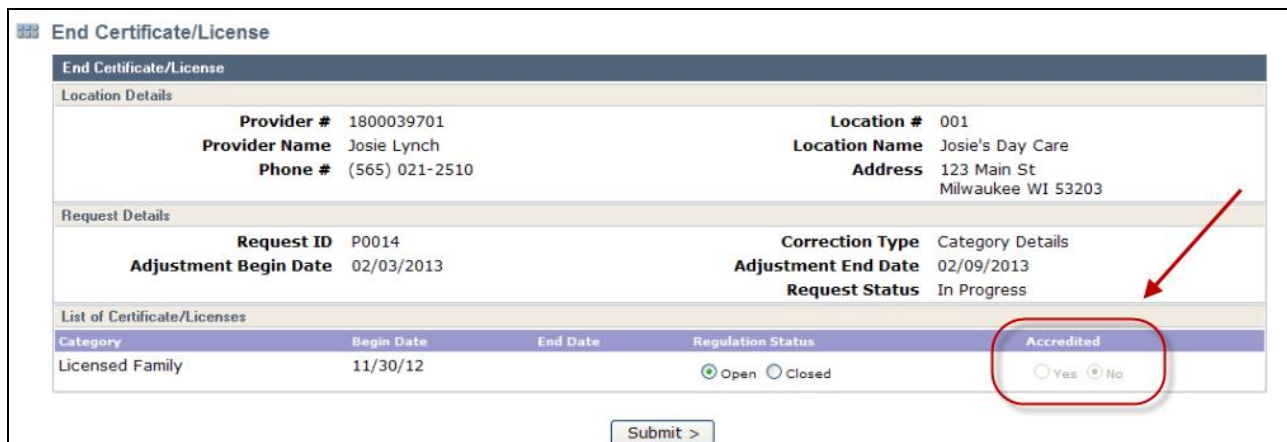
**STEP 3** – Change the Request Status from In Progress to Completed by clicking on the Edit Icon.

\*Review “**Mark as Completed and Prep for Overnight Processing**” steps on page 41 for further details.

**STEP 4** – The completed request will process overnight.

## NOTE

The accreditation adjustment functionality can only be used for calculating an adjustment for an accredited child care facility prior to 7/1/2012. The functionality to switch the accreditation to No exists; however, PIES will not calculate an adjustment due to a change in accreditation status after 7/1/2012 due to YoungStar. The option will still be available in Category Details; however, changing the status will create no adjustments.



**End Certificate/License**

**Location Details**

Provider # 1800039701  
Provider Name Josie Lynch  
Phone # (565) 021-2510

Location # 001  
Location Name Josie's Day Care  
Address 123 Main St  
Milwaukee WI 53203

**Request Details**

Request ID P0014  
Adjustment Begin Date 02/03/2013

Correction Type Category Details  
Adjustment End Date 02/09/2013  
Request Status In Progress

**List of Certificate/Licenses**

Category	Begin Date	End Date	Regulation Status	Accredited
Licensed Family	11/30/12		<input checked="" type="radio"/> Open <input type="radio"/> Closed	<input type="radio"/> Yes <input checked="" type="radio"/> No

Submit >

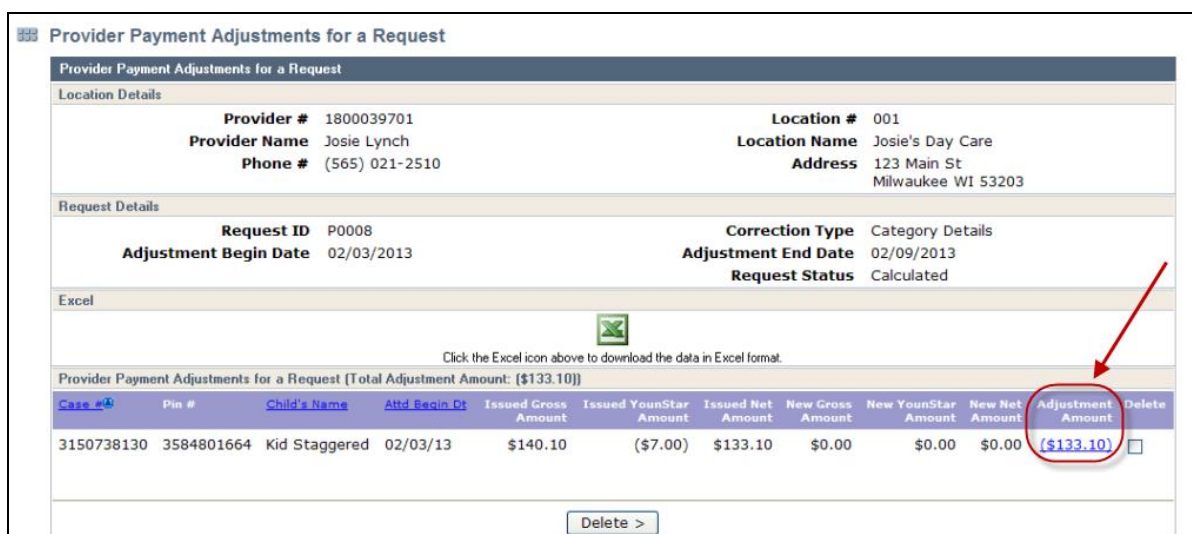
## The Next day: What to Process

### Adjustment Calculations

#### STEP 5 – View the Calculations.

1. Enter PIES the next day and select **Provider Payment Adjustment Requests**
2. Search by Provider Number.
3. View the calculated adjustments by clicking on the Adjustment link.

\*Refer to **The Next Day: What to Process Next** one page 42 for further details.



**Provider Payment Adjustments for a Request**

**Location Details**

Provider # 1800039701  
Provider Name Josie Lynch  
Phone # (565) 021-2510

Location # 001  
Location Name Josie's Day Care  
Address 123 Main St  
Milwaukee WI 53203

**Request Details**

Request ID P0008  
Adjustment Begin Date 02/03/2013

Correction Type Category Details  
Adjustment End Date 02/09/2013  
Request Status Calculated

**Excel**

Click the Excel icon above to download the data in Excel format.

Provider Payment Adjustments for a Request (Total Adjustment Amount: (\$133.10))

Case #	Pin #	Child's Name	Attd Begin Dt	Issued Gross Amount	Issued YounStar Amount	Issued Net Amount	New Gross Amount	New YounStar Amount	New Net Amount	Adjustment Amount	Delete
3150738130	3584801664	Kid Staggered	02/03/13	\$140.10	(\$7.00)	\$133.10	\$0.00	\$0.00	\$0.00	(\$133.10)	<input type="checkbox"/>

Delete >

If the Adjustment Amount is in parentheses, you will enter a negative adjustment into CSAW.  
If the amount is not in parentheses, you will enter a positive adjustment into CSAW.

The example above shows that for the week of 2/3/13, a negative adjustment of \$133.10 should be entered for the child.

The **Adjustment Calculation Details** page shows the changes made to the category details that resulted in a decrease in the payment.

In the below example, since the provider was not licensed, all the information is considered non-applicable (N/A) and a full overpayment was calculated.

Adjustment Calculation Details

Adjustment Calculation Details

Case Details

Case # 3150738130  
Primary Person Maggie Staggered

Agency Milwaukee County

Location Details

Provider # 1800039701  
Provider Name Josie Lynch  
Phone # (565) 021-2510

Location # 001  
Location Name Josie's Day Care  
Address 123 Main St  
Milwaukee WI 53203

Authorization Details

Pin # 3584801664  
DOB 12/12/2006  
Authorization # 3800297193  
Authorization Rate Type Regular  
Special Needs Indicator No

Child's Name Kid Staggered  
Authorization Type Attendance  
Attendance Week 02/03/2013  
Category Code Licensed Family

Adjustment Calculation Details

Details	Previous	New
Income	N/A	N/A
AG size	N/A	N/A
Provider Price	N/A	N/A
Accredited	N/A	N/A
Authorization Rate	N/A	N/A
Authorization Hours	N/A	N/A
Regular Attendance Hours	N/A	N/A
School Attendance Hours	N/A	N/A
Override Status	N/A	N/A
Gross Amount	\$140.10	\$0.00
Star Level	N/A	N/A
Percentage Applied	N/A	N/A
YoungStar Amount	(\$7.00)	\$0.00
Net Amount	\$133.10	\$0.00

List of Payment Adjustment Requests Considered

Request ID	Adjustment Begin Date	Adjustment End Date	Correction Type
P0004	02/03/13	02/09/13	Category Details

[View Details](#)

< Back



## ***Provider Overpayment Due to Incorrect Eligibility***

1. Click on the **Provider Payment Request Link** underneath the PIES heading.
2. Search for a provider by using the Provider and Location number.
3. Select **New Provider Payment Adjustment Request** on the **List of Provider Payment Adjustment Requests**.

This adjustment type can be used when the provider entered inaccurate hours and received payment for the child(ren). Instead of marking each individual week of attendance as zero, the worker can use a checkbox to indicate that no payment should have been made for the child(ren) for the entire adjustment period.

If it is suspected that the provider entered inaccurate attendance for children intentionally, then the provider should be audited. Please contact the Fraud Detection and Investigation Unit (FDIU) for any investigation or technical assistance with auditing.

### **STEP 1** – Enter the following information on the **New Provider Payment Adjustment Request Screen**.

1. **Adjustment Time Frame**
  - Adjustment Begin Date is the Sunday of the first attendance week for which there was a possible incorrect issuance.
  - Adjustment End Date is the Saturday of the last attendance week for which there was a possible incorrect issuance.
2. **Reason Code** – select the most accurate description from the drop down list as to the reason for which an incorrect issuance occurred.
3. **Adjustment Category** – indicates who is responsible for the overpayment and the rate of recoupment from the provider if they are active and still receiving Wisconsin Shares payments.
  - Agency Error
  - Provider Error
  - Intentional Program Violation
4. **Comments** – briefly explain the nature of the overpayment. If there are multiple children in a case, enter the child's name in the comments.
5. **Correction Type** – indicates the type of error that occurred. In this example it is **Eligibility (Individual/Group)**.
6. **Select Create New Request**.

**New Provider Payment Adjustment Request**

**Location Details**

**Provider #** 1800039701  
**Provider Name** Josie Lynch  
**Phone #** (565) 021-2510  
**Location #** 001  
**Location Name** Josie's Day Care  
**Address** 123 Main St  
 Milwaukee WI 53203

**Request Details**

1 → **Adjustment Begin Date \*** 2/3/2013 (02/03/2013 - First Paid Attendance)  
 2 → **Adjustment End Date \*** 3/2/2013 (03/02/2013 - Last Paid Attendance)  
 3 → **Reason Code \*** Provider Entered Wrong Hours Of Attendance  
 4 → **Adjustment Category \*** Provider Error  
 5 → **Comments** Provider accidentally billed for children that were not attending the Child care.  
 6 → **Correction Type \***

- ☐ Provider Weekly Rate
- ☐ Category Details
- ☐ Authorization and Attendances
- ☒ Eligibility (Individual/Group)

79 of 300 characters.

6 → [Create New Request >](#)

**STEP 2** – The **List of Cases for the Location** page list all the cases during the payment adjustment request period where subsidized payment had been made to the provider. Select the case where there should not have been an authorization.

**List of Cases for the Location**

**Location Details**

**Provider #** 1800039701  
**Provider Name** Josie Lynch  
**Phone #** (565) 021-2510  
**Location #** 001  
**Location Name** Josie's Day Care  
**Address** 123 Main St  
 Milwaukee WI 53203

**Request Details**

**Request ID** P0009  
**Adjustment Begin Date** 02/03/2013  
**Correction Type** Eligibility (Individual/Group)  
**Adjustment End Date** 03/02/2013  
**Request Status** In Progress

**List of Cases Having Payments for the Period**

Case #	Primary Person's Name
0150738307	Josinda Sakeer
3150738130	Maggie Staggered

[< Back](#)

**STEP 3** – On the **Eligibility (Individual/Group)** page, check a box for the children who should not have been authorized during this period and select Submit.

Eligibility (Individual/Group)			
<b>Location Details</b>			
<b>Provider #</b>	1800039701	<b>Location #</b>	001
<b>Provider Name</b>	Josie Lynch	<b>Location Name</b>	Josie's Day Care
<b>Phone #</b>	(565) 021-2510	<b>Address</b>	123 Main St Milwaukee WI 53203
<b>Request Details</b>			
<b>Request ID</b>	P0009	<b>Correction Type</b>	Eligibility (Individual/Group)
<b>Adjustment Begin Date</b>	02/03/2013	<b>Adjustment End Date</b>	03/02/2013
		<b>Request Status</b>	In Progress
<b>Case Details</b>			
<b>Case #</b>	0150738307	<b>Agency</b>	Dane County
<b>Primary Person</b>	Josinda Sakeer		
<b>Children with paid attendances during the period</b>			
<b>Child's Name</b>	<b>DOB</b>	<b>Not Authorized</b>	
Jolene Sakeer	11/15/11	<input checked="" type="checkbox"/>	

**STEP 4** – Select any other cases, if applicable, where there should not have been an authorization and repeat the process. In this example, there is only one authorization for the provider that is not eligible. When all the changes have been made, the work will select Back.

The informational symbol next to the child's name indicates that the adjustment request includes a correction for this case.

List of Cases for the Location	
<b>Location Details</b>	
<b>Provider #</b>	1800039701
<b>Provider Name</b>	Josie Lynch
<b>Phone #</b>	(565) 021-2510
<b>Location #</b>	001
<b>Location Name</b>	Josie's Day Care
<b>Address</b>	123 Main St Milwaukee WI 53203
<b>Request Details</b>	
<b>Request ID</b>	P0009
<b>Adjustment Begin Date</b>	02/03/2013
<b>Correction Type</b>	Eligibility (Individual/Group)
<b>Adjustment End Date</b>	03/02/2013
<b>Request Status</b>	In Progress
<b>List of Cases Having Payments for the Period</b>	
<b>Case #</b>	<b>Primary Person's Name</b>
0150738307	Josinda Sakeer
3150738130	Maggie Staggered

- Indicates that corrections details exist.

## Complete Request

**STEP 5** – Change the Request Status from “In Progress” to “Completed” by clicking on the Edit Icon.

\*Review “**Mark as Completed and Prep for Overnight Processing**” steps on page 41 for further details.

**STEP 6** – The completed request will process overnight.

## The Next Day: What to Process Next


### Adjustment Calculations

#### **STEP 7** – View the Calculations.

1. Enter PIES the next day and select **Provider Payment Adjustment Requests**.
2. Search by Provider Number.
3. View the calculated adjustments by clicking on the Adjustment link.

\*Refer to “The Next Day What to Process Next” on page 42 for further details.


**Provider Payment Adjustments for a Request**

<b>Location Details</b>											
<b>Provider #</b> 1800039701 <b>Provider Name</b> Josie Lynch <b>Phone #</b> (565) 021-2510	<b>Location #</b> 001 <b>Location Name</b> Josie's Day Care <b>Address</b> 123 Main St Milwaukee WI 53203										
<b>Request Details</b>											
<b>Request ID</b> P0009 <b>Adjustment Begin Date</b> 02/03/2013	<b>Correction Type</b> Eligibility (Individual/Group) <b>Adjustment End Date</b> 03/02/2013 <b>Request Status</b> Calculated										
<b>Excel</b>											
 Click the Excel icon above to download the data in Excel format.											
Provider Payment Adjustments for a Request (Total Adjustment Amount: (\$493.35))											
Case #	Pin #	Child's Name	Attd Begin Dt	Issued Gross Amount	Issued YounStar Amount	Issued Net Amount	New Gross Amount	New YounStar Amount	New Net Amount	Adjustment Amount	Delete
0150738307	0584802111	Jolene Sakeer	02/10/13	\$173.10	(\$8.65)	\$164.45	\$0.00	\$0.00	\$0.00	(\$164.45)	<input type="checkbox"/>
0150738307	0584802111	Jolene Sakeer	02/17/13	\$173.10	(\$8.65)	\$164.45	\$0.00	\$0.00	\$0.00	(\$164.45)	<input type="checkbox"/>
0150738307	0584802111	Jolene Sakeer	02/24/13	\$173.10	(\$8.65)	\$164.45	\$0.00	\$0.00	\$0.00	(\$164.45)	<input type="checkbox"/>
<div>Delete &gt;</div>											

If the Adjustment Amount is in parentheses, you will enter a negative adjustment into CSAW.  
If the amount is not in parentheses, you will enter a positive adjustment into CSAW.

The details of the calculation can be viewed by clicking on Adjustment Amount.

**Provider Payment Adjustments for a Request**

Provider Payment Adjustments for a Request											
<b>Location Details</b>											
<b>Provider #</b> 1800039701 <b>Provider Name</b> Josie Lynch <b>Phone #</b> (565) 021-2510						<b>Location #</b> 001 <b>Location Name</b> Josie's Day Care <b>Address</b> 123 Main St Milwaukee WI 53203					
<b>Request Details</b>											
<b>Request ID</b> P0009 <b>Adjustment Begin Date</b> 02/03/2013						<b>Correction Type</b> Eligibility (Individual/Group) <b>Adjustment End Date</b> 03/02/2013 <b>Request Status</b> Calculated					
Excel											
 Click the Excel icon above to download the data in Excel format.											
Provider Payment Adjustments for a Request (Total Adjustment Amount: (\$493.35))											
Case #	Pin #	Child's Name	Attd Begin Dt	Issued Gross Amount	Issued YounStar Amount	Issued Net Amount	New Gross Amount	New YounStar Amount	New Net Amount	Adjustment Amount	Delete
0150738307	0584802111	Jolene Sakeer	02/10/13	\$173.10	(\$8.65)	\$164.45	\$0.00	\$0.00	\$0.00	(\$164.45)	<input type="checkbox"/>
0150738307	0584802111	Jolene Sakeer	02/17/13	\$173.10	(\$8.65)	\$164.45	\$0.00	\$0.00	\$0.00	(\$164.45)	<input type="checkbox"/>
0150738307	0584802111	Jolene Sakeer	02/24/13	\$173.10	(\$8.65)	\$164.45	\$0.00	\$0.00	\$0.00	(\$164.45)	<input type="checkbox"/>
Delete >											

The **Adjustment Calculation Details** page shows the changes made to the category details that resulted in a decrease in the payment.

**Adjustment Calculation Details**

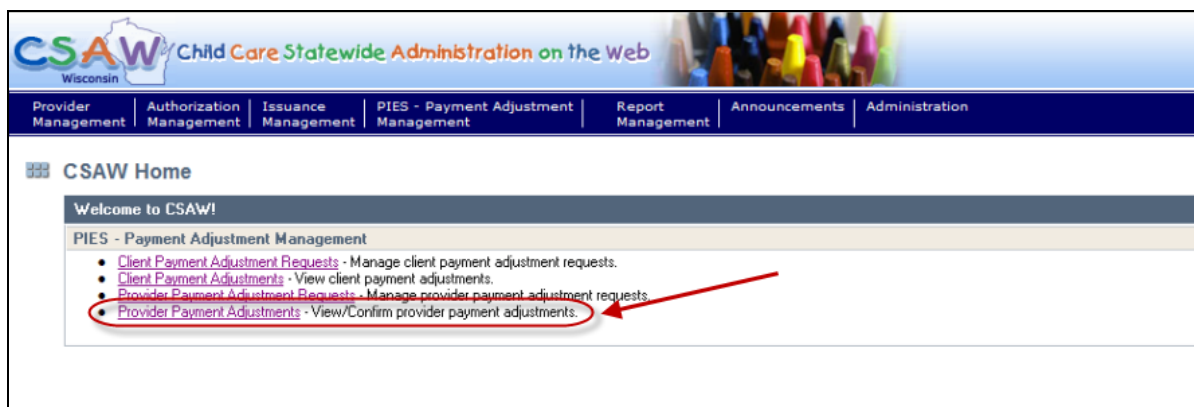
Adjustment Calculation Details		
<b>Case Details</b>		
<b>Case #</b> 0150738307		<b>Agency</b> Dane County
<b>Primary Person</b> Josinda Sakeer		
<b>Location Details</b>		
<b>Provider #</b> 1800039701 <b>Provider Name</b> Josie Lynch <b>Phone #</b> (565) 021-2510		<b>Location #</b> 001 <b>Location Name</b> Josie's Day Care <b>Address</b> 123 Main St Milwaukee WI 53203
<b>Authorization Details</b>		
<b>Pin #</b> 0584802111 <b>DOB</b> 11/15/2011 <b>Authorization #</b> 8800297208 <b>Authorization Rate Type</b> Regular <b>Special Needs Indicator</b> No		<b>Child's Name</b> Jolene Sakeer <b>Authorization Type</b> Attendance <b>Attendance Week</b> 02/10/2013 <b>Category Code</b> Licensed Family
<b>Adjustment Calculation Details</b>		
Details	Previous	New
Income	N/A	N/A
AG size	N/A	N/A
Provider Price	N/A	N/A
Accredited	N/A	N/A
Copay Type	REG	REG
Authorization Rate	N/A	N/A
Authorization Hours	N/A	N/A
Regular Attendance Hours	N/A	N/A
School Attendance Hours	N/A	N/A
Override Status	N/A	N/A
Gross Amount	\$173.10	\$0.00
Star Level	N/A	N/A
Percentage Applied	N/A	N/A
YounStar Amount	(\$8.65)	\$0.00
<b>Net Amount</b>	<b>\$164.45</b>	<b>\$0.00</b>

Since the child was not eligible, all the information is considered non-applicable (N/A) and a full overpayment was calculated.

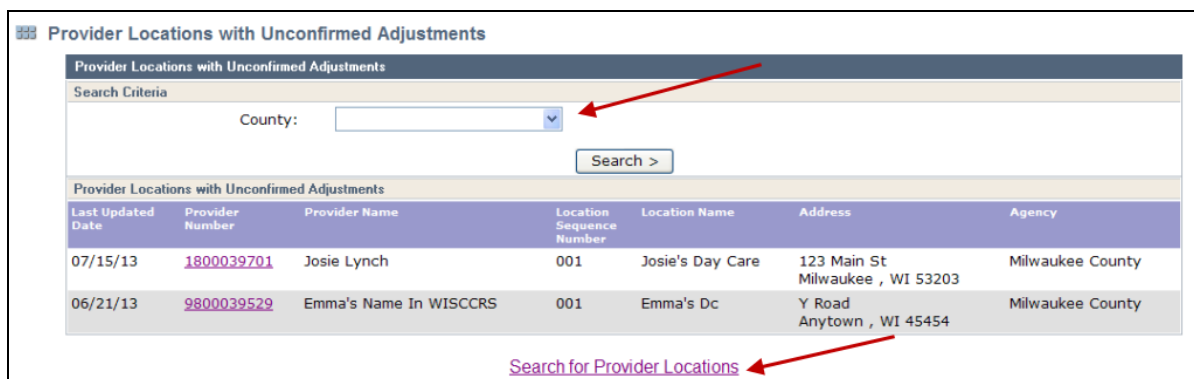
## Confirming Provider Adjustment Calculations

After PIES calculates the Provider Adjustment, they can be confirmed and the system will automatically process the adjustments overnight. This eliminates the manual data entry of adjustments in the Payment Adjustment Screen.

To confirm your adjustments, select **Provider Payment Adjustments**.



Some **Provider Locations with Unconfirmed Adjustments** may automatically appear; however, if they do not you can search for your adjustments by County from the drop down menu or by the Search for Provider Locations link.



Select the provider and enter the dates of your calculated overpayment then select Search.

**Provider Payment Adjustments**

**Search for Adjustments**

**Location Details**

**Provider #** 1800039701 **Location #** 001  
**Provider Name** Josie Lynch **Location Name** Josie's Day Care  
**Phone #** (565) 021-2510 **Address** 123 Main St  
 Milwaukee WI 53203

**Search Criteria**

Adjustment Status ☐ Unconfirmed ☐ Confirmed ☒ All

**Attendance Begin Dt \*** 2/3/2013 **Attendance End Dt \*** 3/2/2013

Case #   
 Pin #

**Search >**

This will show all the **Provider Payment Adjustments** that were calculated during that timeframe.

Confirm individual adjustments applicable to your request by checking the box in the Confirm column and select Submit.

**Provider Payment Adjustments**

**Search for Adjustments**

**Location Details**

**Provider #** 1800039701 **Location #** 001  
**Provider Name** Josie Lynch **Location Name** Josie's Day Care  
**Phone #** (565) 021-2510 **Address** 123 Main St  
 Milwaukee WI 53203

**Search Criteria**


Adjustment Status ☐ Unconfirmed ☐ Confirmed ☒ All

**Attendance Begin Dt \*** 2/3/2013 **Attendance End Dt \*** 3/2/2013

Case #   
 Pin #

**Search >**

**Excel**

 Click the Excel icon above to download the data in Excel format.

**Search Results [Total Adjustment Amount: (\$626.45)]**

Case #	Pin #	Child's Name	Attd Begin Dt	Issued Gross Amount	Issued YoungStar Amount	Issued Net Amount	New Gross Amount	New YoungStar Amount	New Net Amount	Adjustment Amount	Confirm
0150738307	0584802111	Jolene Sakeer	02/10/13	\$173.10	(\$8.65)	\$164.45	\$0.00	\$0.00	\$0.00	(\$164.45)	<input checked="" type="checkbox"/>
0150738307	0584802111	Jolene Sakeer	02/17/13	\$173.10	(\$8.65)	\$164.45	\$0.00	\$0.00	\$0.00	(\$164.45)	<input checked="" type="checkbox"/>
0150738307	0584802111	Jolene Sakeer	02/24/13	\$173.10	(\$8.65)	\$164.45	\$0.00	\$0.00	\$0.00	(\$164.45)	<input checked="" type="checkbox"/>
3150738130	3584801664	Kid Staggered	02/03/13	\$140.10	(\$7.00)	\$133.10	\$0.00	\$0.00	\$0.00	(\$133.10)	<input checked="" type="checkbox"/>
3150738130	3584801664	Kid Staggered	02/24/13	\$140.10	(\$7.00)	\$133.10	\$140.10	(\$7.00)	\$133.10	\$0.00 Pending	<input type="checkbox"/>

**Submit >**

If you have confirmed adjustments Monday-Thursday, they can be unconfirmed by the end of the following day by removing the check mark and selecting Submit. If you have confirmed the adjustments on a Friday, they can be unconfirmed by the end of the following Monday.

Adjustments shown as **Pending** are adjustments with \$0.00 amounts that will not need to be confirmed.

Once successfully submitted, the system will bring you to the **Provider Locations with Unconfirmed Adjustments** screen.

**Provider Locations with Unconfirmed Adjustments**

Search Criteria

County:

[Search >](#)

Last Updated Date	Provider Number	Provider Name	Location Sequence Number	Location Name	Address	Agency
07/15/13	<a href="#">1800039701</a>	Josie Lynch	001	Josie's Day Care	123 Main St Milwaukee, WI 53203	Milwaukee County
06/21/13	<a href="#">9800039529</a>	Emma's Name In WISCCRS	001	Emma's Dc	Y Road Anytown, WI 45454	Milwaukee County

[Search for Provider Locations](#)

Choose the Provider Number for which you want to view the calculated adjustments. When processed, the Adjustment Amount will show as **Processed** in the Confirm column.

**CSAW Child Care Statewide Administration on the Web**

Logged in as: marydrumm  
[Help](#) [Logout](#)

[Provider Management](#) [Authorization Management](#) [Issuance Management](#) [PIES - Payment Adjustment](#) [Report Management](#) [Announcements](#) [Administration](#) [CCPI](#)

**Adjustments Menu**

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**Provider Payment Adjustments**

Search for Adjustments

Location Details

Provider # 9800039529  
Provider Name Emma's Name In WISCCRS  
Phone # (454) 545-4545

Location # 001  
Location Name Emma's Dc  
Address Y Road  
Anytown WI 45454

Search Criteria

Adjustment Status ☐ Unconfirmed ☐ Confirmed ☒ All


Attendance Begin Dt \* 1/1/2009

Attendance End Dt \* 7/17/2013

Case #

Pin #

[Search >](#)

Excel 

Click the Excel icon above to download the data in Excel format.

Search Results [Total Adjustment Amount: (\$2,710.37)]

Case #	Pin #	Child's Name	Attd Begin Dt	Issued Gross Amount	Issued YoungStar Amount	Issued Net Amount	New Gross Amount	New YoungStar Amount	New Net Amount	Adjustment Amount	Confirm
2700539222	2101304546	Fall Day	07/01/12	\$125.25	\$12.52	\$137.77	\$0.00	\$0.00	\$0.00	(\$137.77)	Processed
2700539222	2101304546	Fall Day	07/08/12	\$135.27	\$13.52	\$148.79	\$127.66	\$12.76	\$140.42	(\$8.37)	<input type="checkbox"/>
2700539222	2101304546	Fall Day	07/15/12	\$145.29	\$14.52	\$159.81	\$127.66	\$12.76	\$140.42	(\$19.39)	<input type="checkbox"/>
2700539222	2101304546	Fall Day	07/22/12	\$140.28	\$14.02	\$154.30	\$0.00	\$0.00	\$0.00	(\$154.30)	Processed
2700539222	2101304546	Fall Day	07/29/12	\$125.25	\$12.52	\$137.77	\$0.00	\$0.00	\$0.00	(\$137.77)	Processed
2700539222	2101304546	Fall Day	08/05/12	\$125.25	\$12.52	\$137.77	\$0.00	\$0.00	\$0.00	(\$137.77)	Processed
2700539222	2101304546	Fall Day	08/12/12	\$110.22	\$11.02	\$121.24	\$0.00	\$0.00	\$0.00	(\$121.24)	Elapsed
2700539222	2101304546	Fall Day	08/12/12	\$110.22	\$11.02	\$121.24	\$0.00	\$0.00	\$0.00	(\$121.24)	Processed
2700539222	2101304546	Fall Day	08/19/12	\$125.25	\$12.52	\$137.77	\$0.00	\$0.00	\$0.00	(\$137.77)	Elapsed
2700539222	2101304546	Fall Day	08/19/12	\$125.25	\$12.52	\$137.77	\$0.00	\$0.00	\$0.00	(\$137.77)	Processed

Page 1 of 3 [Next >](#) [Last >](#)

[Submit >](#)

Any adjustment amount shown as **Elapsed** is either from calculations done prior to July 28, 2013 or from calculations deleted in PIES. Elapsed adjustments cannot be confirmed and if applicable need to be entered manually.



The system will only allow **Provider Payment Adjustments** calculated in PIES to be confirmed once. PIES will always allow adjustments to be calculated for any time frame for any scenario as long as the provider has billed and issuances have been sent; however, if there has already been a confirmed adjustment for a time period, the new adjustment must be entered manually into the Provider Payment Adjustment Screen.

The system will notify when this has occurred by the following error message shown in the screen shot below.

**Provider Payment Adjustments**

The following errors have occurred

- Confirm:** Cannot confirm this adjustment, adjustment(s) already exist for this attendance begin date. See Issuance module for details.
- Confirm:** Cannot confirm this adjustment, adjustment(s) already exist for this attendance begin date. See Issuance module for details.

**Search for Adjustments**

**Location Details**

**Provider #** 1800039701  
**Provider Name** Josie Lynch  
**Phone #** (565) 021-2510

**Location #** 001  
**Location Name** Josie's Day Care  
**Address** 123 Main St  
 Milwaukee WI 53203

**Search Criteria**

Adjustment Status ☐ Unconfirmed ☐ Confirmed ☒ All

**Attendance Begin Dt \*** 2/3/2013

**Attendance End Dt \*** 3/2/2013

Case #

Pin #

**Search >**

**Excel**

Click the Excel icon above to download the data in Excel format.

**Search Results [Total Adjustment Amount: (\$626.45)]**

Case #	Pin #	Child's Name	Attd Begin Dt	Issued Gross Amount	Issued YoungStar Amount	Issued Net Amount	New Gross Amount	New YoungStar Amount	New Net Amount	Adjustment Amount	Confirm
0150738307	0584802111	Jolene Sakeer	02/10/13	\$173.10	(\$8.65)	\$164.45	\$0.00	\$0.00	\$0.00	(\$164.45)	<input checked="" type="checkbox"/>
0150738307	0584802111	Jolene Sakeer	02/17/13	\$173.10	(\$8.65)	\$164.45	\$0.00	\$0.00	\$0.00	(\$164.45)	<input type="checkbox"/>
0150738307	0584802111	Jolene Sakeer	02/24/13	\$173.10	(\$8.65)	\$164.45	\$0.00	\$0.00	\$0.00	(\$164.45)	<input type="checkbox"/>
3150738130	3584801664	Kid Staggered	02/03/13	\$140.10	(\$7.00)	\$133.10	\$0.00	\$0.00	\$0.00	(\$133.10)	<input checked="" type="checkbox"/>
3150738130	3584801664	Kid Staggered	02/24/13	\$140.10	(\$7.00)	\$133.10	\$140.10	(\$7.00)	\$133.10	\$0.00	Pending

**Submit >**

Confirmed adjustments can also be viewed by entering Provider Management, searching by Provider and Location Number, and then selecting Issuance History in the Provider Menu.

**CSAW** Child Care Statewide Administration on the Web

Help Logout

Provider Management Authorization Management Issuance Management PIES - Payment Adjustment Management Report Management Announcements Administration CCPI

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  - Summary
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  - Alternate Addresses
  - Comments
  - Attendance Entry
  - Provider Utilization
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  - Suspend Payments
  - Suspend Payments List
  - SHARES Contract List

**Modify Provider Location**

**Provider Location Details**

<b>Provider #</b>	1800039701	<b>Provider Name</b>	Josie Lynch
<b>Location #</b>	001	<b>Location Name</b>	Josie's Day Care

**Facility Details**

<b>Facility Number</b>	1122682	<b>Facility Name</b>	Josie's Day Care
<b>Licensor Name</b>		<b>Certifier Name</b>	

**Location Address**

<b>Location Name</b>	* Josie's Day Care
<b>Street Number</b>	123
<b>Unit</b>	
<b>Direction</b>	
<b>Street/Rural Rt/Box#</b>	* Main
<b>Suffix</b>	Street
<b>Quadrant</b>	
<b>Apt#</b>	
<b>Address Line 2</b>	
<b>City</b>	* Milwaukee
<b>State</b>	* Wisconsin
<b>Zip Code</b>	* 53203
<b>Phone</b>	5650212510

Select **Provider Payment Adjustment**, enter Location #, Attendance Date and select Search.

**CSAW** Child Care Statewide Administration on the Web

Logged in as: marydrumm Help Logout

Provider Management Authorization Management Issuance Management PIES - Payment Adjustment Management Report Management Announcements Administration CCPI

**Issuance Menu**

- Home
- Issuance - Case
  - Search by Case
  - Issuance History
  - List Authorizations
  - Registration Fee
  - Adjustment Requests List
- Issuance - Provider
  - Search by Provider
  - Details / W9
  - Issuance History
  - Location Details
  - List Authorizations
  - Payment Summary
  - Payment Adjustment
  - Overpayment Return

**Provider Payment Adjustment**

**Search Criteria**

Please click on Search button if you are changing the search criteria. Do not press Enter key.

Location # 001

Attendance Date 2/17/2013

Case # (Enter 10 Digits)

Search >

**Provider Details**

<b>Provider #</b>	1800039701	<b>Provider Name</b>	Josie Lynch
<b>Tax #</b>	587-10-1447	<b>Tax Indicator</b>	SSN

Provider Payment Adjustments for the Attendance Period 06/23/13 - 07/06/13

No Issued Attendance for the attendance period selected.

Positive and Negative Adjustments will show in the columns circled below. In the screen shot below, you can see in the highlighted area that Adjusted Negative Amounts were confirmed or manually entered.

**Provider Payment Adjustment**

**Search Criteria**  
Please click on Search button if you are changing the search criteria. Do not press Enter key.

Location #

Attendance Date \*

Case #  (Enter 10 Digits)

---

**Provider Details**

**Provider #** 1800039701 **Provider Name** Josie Lynch  
**Tax #** 587-10-1447 **Tax Indicator** SSN

Provider Payment Adjustments for the Attendance Period 02/17/13 - 03/02/13

Attd Week	Regular Hours	Sch Hours	Issuance Amount	Registration Fee	Adjusted Positive Amount	Adjusted Negative Amount	Total Issuance	Collection Balance	Adjustment Amount	Adjustment Reason	Adjustment Category
Enter the negative adjustment with minus(-) sign before the amount.											
Case # 0150738307 Child's Name: Jolene Sakeer Location # 001 Authorization # 8800297208											
02/17/13	30	00	\$173.10	\$0.00	\$0.00	\$58.65	\$114.45	\$50.00			
02/24/13	30	00	\$173.10	\$0.00	\$0.00	\$58.65	\$114.45	\$50.00			
Case # 3150738130 Child's Name: Kid Staggered Location # 001 Authorization # 3800297193											
02/17/13	35	00	\$140.10	\$0.00	\$0.00	\$57.00	\$83.10	\$50.00			
02/24/13	30	00	\$140.10	\$0.00	\$0.00	\$57.00	\$83.10	\$50.00			

The following day the negative adjustments that were confirmed will appear on the Return and Recovery screen, in addition to any negative adjustments that were already entered. Unless the adjustments are confirmed on a Friday, then the system will process the adjustments on Monday and can be viewed on Tuesday.

Positive adjustments will not appear in the Return and Recovery screen.

### **Recoupment of Negative adjustments**

The start of the recoupment process for a negative adjustment is different depending on whether the adjustment is entered in CSAW manually or confirmed in PIES and whether the provider consistently bills on a biweekly basis.

- **Manual adjustments.** A negative adjustment is entered on the Payment Adjustment Screen on Monday – Saturday. The adjustment notice will be generated that Saturday and the recoupment process will begin on a Saturday two weeks later. The recoupment will come out of the provider issuance at the percentage determined by the Adjustment Category (AE=10%, PE=25% and IV=50%).
- **Confirmed in PIES.** A negative adjustment is confirmed in PIES Monday – Thursday. The adjustment notice will be generated Saturday of that week and the recoupment process will begin on a Saturday two weeks later. If a negative adjustment is confirmed on Friday, the adjustment notice will be generated the following Saturday and the recoupment process will begin on a Saturday two weeks later.

This calendar displays in yellow what will occur if adjustments are confirmed Monday – Thursday and in green if adjustments are confirmed on Friday.

June						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
						Notice will be sent
9	10	11	12	13	14	15
						Notice will be sent
16	17	18	19	20	21	22
						Recoupments will begin
23	24	25	26	27	28	29
						Recoupments will begin
30	Any negative adjustments confirmed Monday-Thursday will follow the same time schedule as if entered into the payment adjustment screen (see yellow example). Any negative adjustments confirmed on Friday will not be recouped until the 3rd Saturday afterward (see green example).					

### Issuance of Positive Adjustments

- **Manual adjustments.** A positive adjustment is entered on the Payment Adjustment Screen on Monday – Saturday. The issuance will be sent on Saturday of that week.
- **Confirmed in PIES.** A positive adjustment is confirmed in PIES Monday – Thursday. The issuance will be sent on Saturday of that week. If a positive adjustment is confirmed on Friday, the issuance will be sent the following Saturday.

This calendar displays in yellow what will occur if adjustments are confirmed Monday – Thursday and in green if adjustments are confirmed on Friday.

June						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
						Issuance will be sent.
9	10	11	12	13	14	15
						Issuance will be sent.
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	Any positive adjustments confirmed Monday-Thursday will follow the same time schedule as if entered into the payment adjustment screen (see yellow example). Any positive adjustments confirmed on Friday will be issued to the provider by the following Saturday (see green example).					

## Modifications to Confirmed Provider Adjustments

- Modifications to confirmed Provider Negative Adjustments can be completed until the amount is recouped from the provider.
- Modifications to confirmed Provider Positive Adjustments can be completed until the amount is issued to the provider.

Any confirmed adjustments can be altered or deleted in the **Provider Payment Adjustments** screen by selecting the edit icon.

**Provider Payment Adjustment**

**Search Criteria**  
Please click on Search button if you are changing the search criteria. Do not press Enter key.

Location #

Attendance Date \*

Case #  (Enter 10 Digits)

---

**Provider Details**

**Provider #** 1800039701 **Provider Name** Josie Lynch  
**Tax #** 587-10-1447 **Tax Indicator** SSN

**Provider Payment Adjustments for the Attendance Period 02/17/13 - 03/02/13**

Attd Week	Regular Hours	Sch Hours	Issuance Amount	Registration Fee	Adjusted Positive Amount	Adjusted Negative Amount	Total Issuance	Collection Balance	Adjustment Amount	Adjustment Reason	Adjustment Category
<b>Case # 0150738307 Child's Name: Jolene Sakeer Location # 001 Authorization # 8800297208</b>											
02/17/13	30	00	\$173.10	\$0.00	\$0.00	\$58.65	\$114.45	\$50.00			
02/24/13	30	00	\$173.10	\$0.00	\$0.00	\$58.65	\$114.45	\$50.00			
<b>Case # 3150738130 Child's Name: Kid Staggered Location # 001 Authorization # 3800297193</b>											
02/17/13	35	00	\$140.10	\$0.00	\$0.00	\$57.00	\$83.10	\$50.00			
02/24/13	30	00	\$140.10	\$0.00	\$0.00	\$57.00	\$83.10	\$50.00			

**Enter the negative adjustment with minus(-) sign before the amount.**

In the **Payment Adjustment Details** screen you can modify the Adjustment Amount, Adjustment Reason, Adjustment Category or Delete the adjustment by checking the box. You can also select the User ID link to view who confirmed or manually entered the adjustment. Select Update, when changes have been completed.

**Payment Adjustment Details**

**Provider Location Details**  
**Provider #** 1800039701 **Provider Name** Josie Lynch  
**Location #** 001 **Location Name** Josie's Day Care


**Case Details**  
**Case #** 0150738307 **Agency** Dane County  
**Primary Person** Josinda Sakeer

**Child Details**  
**Child's Name** Jolene Sakeer **DOB** 11/15/2011  
**PIN** 0584802111 **SSN** 985-64-5710


**Adjustment Details for Attendance Period - 2/17/2013 to 2/23/2013**


Adjustment Created Date	Adjustment Amount	Adjustment Reason	Adjustment Category	Delete	Updated Date	User ID
03/09/13	(\$8.65)	Youngstar Initial Adjustment	Ys	<input type="checkbox"/>	03/09/13	
<b>Collection Details</b> <b>Collection Date</b> 03/09/13 <b>Collection Amount</b> \$8.65 <b>Issuance Number</b> 680039276						
04/19/13	-50.00	Violation Due To Overbilling Or Overcapacity	Pe	<input type="checkbox"/>	04/19/13	<a href="#">W01171</a>

After the Saturday following the Adjustment Created Date, the Adjustment Reason code can only be changed to the Correction to Negative Adjustment and the Adjustment Amount must also be changed. Otherwise you will get the following error messages.


 Payment Adjustment Details

The following error has occurred

 **Adjustment Reason:** Adjustment Reason code alone cannot be changed without changing the adjustment amount after the Saturday following the adjustment creation date.

 Payment Adjustment Details

The following error has occurred

 **Adjustment Reason:** Adjustment Reason code must be 'Correction to Negative Adjustment' when changing negative adjustment amount after the Saturday following the adjustment creation date.

## **Contact Information**

Questions regarding this material can be directed to Rose Prochazka at [Rose.Prochazka@wisconsin.gov](mailto:Rose.Prochazka@wisconsin.gov) or (608) 422-6078.

Questions regarding policy in Child Care Policy Manual Chapters 1 and 3 can be directed to the Child Care Help Desk at [childcare@wisconsin.gov](mailto:childcare@wisconsin.gov) or (608) 264-1657.

Questions regarding policy in Child Care Policy Manual Chapter 2 can be directed to Marcie Stebbeds at [marcie.stebbeds@wisconsin.gov](mailto:marcie.stebbeds@wisconsin.gov) or (608) 261-5850.

Questions regarding security should be directed via your security liaison to the DCF Security Help Desk at: (608) 264-6323.

Child Care Policy Manuals can be viewed online at:  
<http://dcf.wisconsin.gov/chilcare/wishares/manual.htm>

CSAW can be accessed online at: <https://www.dwd.state.wi.us/dwscsaw/Default.aspx>

DCF is an equal opportunity employer and service provider. If you have a disability and need information in an alternate format, or need it translated to another language, please call 608-422-6080 or 888-692-1382 (TTY). For civil rights questions, call 608-422-6889 or 711 (TTY).